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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800030677 1. Corporation Name

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90053 043 ***150.00

ORIENTA	AL MEDICAL SERVICES, P.A.						
Principal Place	e of Business	Mailing Address				ti matit Abina iisii balla B	1811 1 00 81 1001 1001
5075 MARINA CIRCLE BOCA RATON FL 33486 S075 MARINA CIRCLE BOCA RATON FL 33486					DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualifed 04/02/1998		
2. Principal Place of Business 21 9045 La Fontana Blud. 26 22 Mailing Address					4. FEI Number 65-08 25196		Applied For Not Applicable
Suite, Apt.	. (_ 7	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	Fee	5 Additional Required
City & Stat 23 BOCA		City & State			Election Campaign Financing Trust Fund Contribution	Adde	00 May Be ed to Fees
Zip 24 3343			Count	у 	This corporation owes the curre Personal Property Tax.	Yes	MNo
	9. Name and Address of Current	Registered Agent	8	1 Name	10. Name and Address of New R	egisterea Agent	
SCHIED, BARBARA 5075 MARINA CIRCLE BOCA RATON FL 33486			8	2 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
500	W. 1011 011 12 00 100			4 City		FL 85 2	ip Code
	to the provisions of Sections 607.0502	1 007 4500 Elected Chatesta			morntion submits this statement for the	purpose of changing	its registered
office or r	registered agent or both, in the State of	t Florida. Such change was au	Jinorizea b	v the corporat	tion's board of directors. I hereby accep	t the appointment as	registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flori	utnorized b ida Statute	y the corporat	tion's board of directors. Thereby accep	пе арропинен аз	s registered
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP