

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000034120

1. Corporation Name

MARK DEARMAN, P.A.

Principal Place of Business

1826 N. PINE ISLAND RD.
PLANTATION FL 33322

Mailing Address

1826 N. PINE ISLAND RD.
PLANTATION FL 33322

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90003 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

65-0836554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 300 N.W. 82 Avenue

26 300 N.W. 82 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 110

27 110

City & State

City & State

23 Plantation, FL

28 Plantation, FL

24 33324 25 U.S.A.

29 33324 30 USA.

9. Name and Address of Current Registered Agent

GREENE, RICHARD P
2455 EAST SUNRISE BLVD. STE. 905
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name Mark Dearman

82 Street Address (P.O. Box Number is Not Acceptable)

300 N.W. 82 Avenue, Suite 110

83

84 City Plantation

FL

85 Zip Code 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVP ☐ DELETE
NAME DEARMAN, MARK
STREET ADDRESS 1826 NORTH PINE ISLAND RD.
CITY-ST-ZIP PLANTATION FL 33322

TITLE TS ☐ DELETE
NAME DEARMAN, MARK
STREET ADDRESS 1826 NORTH PINE ISLAND RD.
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE D/P/V/T/S ☒ Change ☐ Addition
1.2 NAME MARK DEARMAN
1.3 STREET ADDRESS 300 N.W. 82 AVENUE, SUITE 110
1.4 CITY-ST-ZIP PLANTATION, FL 33324

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 its 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Dearman

3/3/99

DATE

(954) 915-8888

Daytime Phone #

CR2E034 (11/98)