

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90027 025 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # *PA80000366231*
 1. Corporation Name
 Carmelita B. Lim, M.D. and Associates, Inc.

Principal Place of Business
 5909 U.S. Highway 27 North
 Sebring, Florida 33870

Mailing Address
 Same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 5909 U.S. Highway 27 North
 Suite, Apt. #, etc.

2a. Mailing Address
 26 Same
 Suite, Apt. #, etc.

22 City & State
 23 Sebring, Florida

27 City & State

28

24 Zip 25 Country
 33870 USA

29 Zip 30 Country

3. Date Incorporated or Qualified
 April 22, 1998

4. FEI Number
 650845867

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 Abraham Lim, M.D.
 5909 U.S. Highway 27 North
 Sebring, Florida 33870

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code
 FL

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, or 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Abraham Lim, M.D.	
STREET ADDRESS	5909 U.S. Highway 27 North	
CITY-ST-ZIP	Sebring, Florida 33870	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Carmelita Lim, M.D.	
STREET ADDRESS	5909 U.S. Highway 27 North	
CITY-ST-ZIP	Sebring, Florida 33870	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Abraham Lim, M.D.	
STREET ADDRESS	5909 U.S. Highway 27 North	
CITY-ST-ZIP	Sebring, Florida 33870	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Carmelita Lim, M.D.	
STREET ADDRESS	5909 U.S. Highway 27 North	
CITY-ST-ZIP	Sebring, Florida 33870	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

X SIGNATURE: *Abraham Lim*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99
 Date Daytime Phone #

CR2E034 (11/98)