

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90042 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000052157

1. Corporation Name

SUSSMAN MEDICAL ASSOCIATES, INC.

Principal Place of Business

17235 COURTLAND LANE
BOCA RATON FL 33496

Mailing Address

17235 COURTLAND LANE
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/08/1998

4. FEI Number

65-0836674

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 Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1979 W. HILLSBORO BLVD
Suite, Apt. #, etc.

2a. Mailing Address

28 Suite, Apt. #, etc.

22 City & State

23 DEERFIELD BEACH FL

Zip Country

24 33442

25 PALM BEACH

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
4800 N. FEDERAL HWY
STE., 210-A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
JEFFREY SUSSMAN
82 Street Address (P.O. Box Number is Not Acceptable)
17235 COURTLAND LANE
83
84 City
BOCA RATON FL 85 Zip Code
33496

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

Sherry Sussman

(NOTE: Registered Agent signature required when reinstating)

3-18-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME
JEFFREY SUSSMAN
STREET ADDRESS
17235 COURTLAND LANE
CITY-ST-ZIP
BOCA RATON, FL 33496TITLE ☐ DELETENAME
SHERRY SUSSMAN
STREET ADDRESS
17235 COURTLAND LANE
CITY-ST-ZIP
BOCA RATON, FL 33496TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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.

SIGNATURE: ✓

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)