

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90051 008 ***158.75

DOCUMENT # P98000058769

1. Corporation Name

OSBORNE AND SPENCE MD PA

Principal Place of Business

8740 N. KENDALL DRIVE
MIAMI FL 33132

Mailing Address

8740 N. KENDALL DRIVE
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1998

4. FEI Number

65-0846849

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCE, MARK
1717 N. BAYSHORE DRIVE
PD40
MIAMI FL 33132

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME OSBORNE, ROBELTO A
STREET ADDRESS 1717 N. BAYSHORE DRIVE PD40
CITY-ST-ZIP MIAMI FL 33132

☒ DELETE

TITLE D
NAME SPENCE, MARK
STREET ADDRESS 1717 N. BAYSHORE DRIVE PD40
CITY-ST-ZIP MIAMI FL 33132

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1. TITLE
1.2. NAME
1.3. STREET ADDRESS
1.4. CITY-ST-ZIP

ESCARPETA - SPENCE CAROLYN
6065 NW 186 STREET #108
MIAMI, FL 33075

☐ Change

☒ Addition

2.1. TITLE
2.2. NAME
2.3. STREET ADDRESS
2.4. CITY-ST-ZIP

☐ Change

☐ Addition

3.1. TITLE
3.2. NAME
3.3. STREET ADDRESS
3.4. CITY-ST-ZIP

☐ Change

☐ Addition

4.1. TITLE
4.2. NAME
4.3. STREET ADDRESS
4.4. CITY-ST-ZIP

☐ Change

☐ Addition

5.1. TITLE
5.2. NAME
5.3. STREET ADDRESS
5.4. CITY-ST-ZIP

☐ Change

☐ Addition

6.1. TITLE
6.2. NAME
6.3. STREET ADDRESS
6.4. CITY-ST-ZIP

☐ Change

☐ Addition

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 for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)