

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

08-13-1999 90011 046 ***558.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000059435

1. Corporation Name

SOVEREIGN MEDICAL ACQUISITION CORP.



Principal Place of Business

201 S. BISCAYNE BLVD. #3000
MIAMI FL 33131

Mailing Address

201 S. BISCAYNE BLVD. #3000
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0850107

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.



Yes ☒ No

2. Principal Place of Business

21 1001 Brickell Bay Drive

2a. Mailing Address

26 8000 Towers Crescent Dr.

Suite, Apt. #, etc.

22 9th Floor

Suite, Apt. #, etc.

27 Suite 1070

City & State

23 Miami, FL

City & State

28 Vienna, VA

Zip

24 33131

Country

25 USA

Zip

29 2282

Country

30 USA

9. Name and Address of Current Registered Agent

HULSH, ANDREW
1200 BRICKELL AVENUE
SUITE 1900
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **D BURLESON, GENE E**
STREET ADDRESS **201 S. BISCAYNE BLVD. #3000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME **D HAFT, JAY M**
STREET ADDRESS **201 S. BISCAYNE BLVD. #3000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME **D ABELES, JOHN H M.D.**
STREET ADDRESS **201 S. BISCAYNE BLVD. #3000**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **Burleson, Gene E.**
1.3 STREET ADDRESS **320 Argonne Drive, NW**
1.4 CITY-ST-ZIP **Atlanta, GA 30305**

2.1 TITLE **D/T** ☒ Change ☐ Addition
2.2 NAME **Haft, Jay M.**
2.3 STREET ADDRESS **1001 Brickell Bay Drive, 9th Fl.**
2.4 CITY-ST-ZIP **Miami, FL 33131**

3.1 TITLE **D/S** ☒ Change ☐ Addition
3.2 NAME **Abeles, John H. M.D.**
3.3 STREET ADDRESS **9365 NW 41st Street**
3.4 CITY-ST-ZIP **Boca Raton, FL 33431**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Becker, Robert J., M.D.**
4.3 STREET ADDRESS **2200 S. Ocean Drive, #905**
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33316**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Kanter, Joel S.**
5.3 STREET ADDRESS **8000 Towers Crescent Dr., Suite 1070**
5.4 CITY-ST-ZIP **Vienna, VA 22182**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Franke, Thomas F.**
6.3 STREET ADDRESS **410 N. Eagle Street**
6.4 CITY-ST-ZIP **Marshall, MI 49068**

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-99 703-448-7688

Date Daytime Phone #

CR2E034 (5/99)

P98000059435
605649-90011-46

Sovereign Medical Acquisition Corp.
Document #P98000059435

Continuation of Block 13.

Addition

1.1 Title	D
1.2 Name	Hamilton, Linda A.
1.3 Street Address	8889 Pelican Bay Boulevard, Suite 403
1.4 City-St-Zip	Naples, FL 34108

Addition

1.1 Title	D/P
1.2 Name	Parker, Robert L.
1.3 Street Address	4000 Patty Lane
1.4 City-St-Zip	Bethany, OK 73008