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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000060617

1. Corporation Name

NANCY J. LIU, M.D., P.A.

Principal Place of Business

465 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

Mailing Address

465 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

2a. Mailing Address

26 787 Marble Way

27 Suite, Apt. #, etc

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

LIU, NANCY J
465 EAST PALMETTO PARK ROAD
BOCA RATON FL 33432

81 Name

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

83 City

84 State

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 state if applicable

Karen B. Rozar, As Its Agent

(NOTE: Registered Agent Signature is printed when necessary)

2-24-99

(DAY)

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME LIU, NANCY J
STREET ADDRESS 465 EAST PALMETTO PARK ROAD
CITY-ST-ZIP BOCA RATON FL 33432

TITLE [] DELETE

NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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[] Change [] Addition

500002785935--9

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 561-750-9684

FILED

99 FEB 24 AM 11:53

RECEIVED BY STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

65-0850257

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

10. Name and Address of New Registered Agent

CR2E034 (11/98)



THE UNITED STATES
CORPORATION
COMPANY

RESUBMIT (2)

Please give original
submission date as file date.

ACCOUNT NO. : 072100000032

REFERENCE : 145508 7177758

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : February 23, 1999

ORDER TIME : 11:56 AM

ORDER NO. : 145508-005

CUSTOMER NO: 7177758

CUSTOMER: James G. Houle, President
Nancy J Liu M.d. P.a.
787 Marble Way
Boca Raton, FL 33432

ANNUAL REPORT FILING

NAME: NANCY J. LIU, M.D., P.A.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathryn Messina

EXAMINER'S INITIALS: TAMARA EDOM

74 FEB 24 1999

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