

FILED

Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90039 035 ***150.00

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

DOCUMENT # P98000062422

1. Corporation Name

SEAT SURGEON OF DADE, INC.



Principal Place of Business

1414 E. HARMONY LAKES CIRCLE
DAVIE FL 33324

Mailing Address

1414 E. HARMONY LAKES CIRCLE
DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0848999

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. 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

9. Name and Address of Current Registered Agent

TUOHY, FRANCIS
1414 E. HARMONY LAKES CIRCLE
DAVIE FL 33324

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 as it will appear on the statement

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

CFO
NAME FRANCIS TUOHY
STREET ADDRESS 1414 E. HARMONY LAKES CIR.
CITY-ST-ZIP DAVIE FL 33324☐ DELETEPRESIDENT
NAME STEVEN MATTESICH
STREET ADDRESS 1506 SPRINGSIDE DR
CITY-ST-ZIP WESTON FL 33320☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

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: FRANCIS TUOHY

4/23/99 (954) 557-6619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day, Date, Phone #

CR2E034 (1/98)