F

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P98000069345
4. Corporation Name	F30000003343

PHYSICIAN ENHANCEMENT CORPORATION

Principal Place of Business 12000 BISCAYNE BLVD.. SUITE 509 Mailing Address

12000 BISCAYNE BLVD.. SUITE 509

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90095 036 ***150.00



MIAMI FL 33181	1	MIAMI FL 331B1			DONO	DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or C				l
					08/05/1998				l
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Number		Αp	plied For]
21	100 0. 200	26			65-088601	0	No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Da		\$8.75 A		ļ
22		City & State			s. Election Campaign Fin	oncina	\$5.00		1
City & State	e	, -1			Trust Fund Contribution	- 11	Added t		l
23 Tin -	Country	28 Zip	Con	ntry	- a This corporation owes				ــــا
Zip*	25	29 30	_	,	Personal Property Tax.		Yes	□No	ľ
24	g. Name and Address of Current I				10. Name and Address o		vgent		
	<u>, </u>			81 Name	FO Pickoel				
MAR	CUS, JONATHAN S			20 21 21	CP //C/ JAILY	Assentable			ł
	GOLDBERG, YOUNG & GRAVENHO	Orst, P.A.			ddress (P.O. Box Number is Not	BLID			
	NORTH FEDERAL HIGHWAY	,		83 0	7 10	K-11-11			1
	T LAUDERDALE FL 33305			Ju	112 307 /		1	<u> </u>	
				84 City	MAMI	<u>FL</u>	85 73	i 9	
11. Pursuant	to the previsions of Sections 607.0502 agricult and the State of mamilian right and accept the paintail	and 607,1508, Florida Statutes,	the a	bove-named o	orporation submits this statement ration's hoard of directors. I bereb	for the purpose of covered the appoint	manging res Iment as re	registarea gistered	Į
agent. Ka	or familiar with and accept the obligation	ns of, Section 607.0505, Florida	Slat	ites.		,,	na Ì	=	I
SIGNATURE	010	eres				1-R1-	<u>97 </u>		١.
OIGHATORE				Agent signeture re	quired when reinstating)			DD IN 12	8
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES	TO OFFICERS AND	☐ Change	☐ Addition	CR2E034 (11/98)
TITLE	D	- Dereie	1.1 17					_	4
NAME	PICKARD, ED		1.2 NJ	1					18
STREET ADDRESS	1947 N.W. 130TH AVENUE			REET ADDRESS					25
CTTY-ST-ZIP	PEMBROKE PINES FL 33028	DELETE		TY-ST-ZIP			Change	Addition	5
TITLE	D	C) DECEIE	21 TI					— · · • · · ·	l
NAME	LEIGHT, PAUL J		2.2 NAME						ł
STREET ADDRESS	12000 BISCAYNE BLVD. SUITE 5	NO9		REET ADDRESS		-	,		
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TITLE			6.2 NJ			*	,	-,-	
NAME	<u> </u>		ı	REET ADDRESS			, =		ľ
STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *								ľ
CITY-ST-ZIP	and it shot the information and in the	Die filing door not qualify for th		TY ST ZIP ,	in Section 119 07(3Vi) Florida St	atutes. I further certi	ify that the i	nformation	J
14. I hereby of indicated	certify that the information supplied with on this annual report or supplemental a	use minig upes not quality for the private report is troe and accurate	e and	that my signa	ture shall have the same legal off	ect as if made under	roath; that I	am an	

SIGNATURE.

CIDE AND TYPE OF BRHING NAME OF SIGNING OFFICER OR DIRECTO

1-21-99

305-891-3895

eme Phone