## 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

## DOCUMENT # 1. Corporation Name P98000071912

BRODKORB MEDICAL SERVICES, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90157 011 \*\*\*150.00



	e or business						•		
152 VIA D'ESTE DEL RAY BEAC		152 VIA D'ESTE. SUITE 904 DEL RAY BEACH FL 33445							
						NOT WRITE IN THIS	SPACE		
	,	. •			3. Date incorporated o	r Qualifed			
					08/18/1998	****			
2. Principal P	lace of Business	2a. Mailing Address		۸. یو	4. FEI Number	020	Ap	plied For	
21 411 W,	HALLANDALE BEACH BL	NB) All M. HALLANI	ALE REAC	H Draw.	65-0861	1935	No.	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	Desired	\$8.75 / Fee Re	I	
City & State	0	City 0 Ct-t-	<i>.</i>		6. Election Campaign I	Financing -	\$5.00	May Be	
23 HALLA	NOALE, FL.	28 HALLANDALE	., FL.		Trust Fund Contribu	- 11	Added	, ,	
Zin	Country	Zip	Country		8. This corporation ow	es the current year Inta	ngible		
<sub>24</sub>	<sup>25</sup> UŚA	29 33009	30 USA		Personal Property T		Yes	□No	
	9. Name and Address of Current				10. Name and Address	s of New Registered	Agent		
			81 N	ame つ	5 457	BRODKORB	TR.		
BRO	DKORB, PAUL S JR				IUL SCOTT		JP		
	VIA D'ESTE, SUITE 904		82 St		ss (P.O. Box Number is N MON BAY C			ļ	
	RAY BEACH FL 33445		83	3600	MOON BAL CA				
DEL	THE BEAUTIFE SOTTO		00						
			i I	ily WEI	LINGTON	FL	85 Zip 9	Code 9	
11. Pursuant	to the provisions of Sections 691,0502 registered agent or both, in the state of am familiar with and accept the obligat	and/607/1508, Florida Statute	s, the above-na	med corpor	ration submits this statem	ent for the purpose of	changing its	registered	
office or r	registered agent or both, in the State of	Florida/Such change was au	thorized by the	corporation	n's board of directors. The	reby accept the appoin	ntment as re	gistered	
ayent. ra	in landia with pild apcept the obligat	TA OF VOCACH COT LODGE, I TON	aa otatotoo.			11 75	7'4		
						4.20	- 1 /	i	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 1	Registered Agent sign		when reinstating)	7-20 DATE	-1/		· 6
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent sign			DATE ES TO OFFICERS AN	D DIRECTO	ORS IN 12	(00)
12.	OFFICERS AND	DIRECTORS				7-20 DATE	D DIRECTO	DRS IN 12	(44,00)
12	PAUL S. BRODKORR	DIRECTORS	13.			7-20 DATE			(44/00)
TITLE GOVERNME	PAUL S. BRODKORS	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	nature required w		7-20 DATE			144/00)
TITLE ( NAME TREET ADDRESS	PAUL S. BRODKORR	D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	nature required w		7-20 DATE			(44/00)
TITLE ( NAME FOR THE STREET ADDRESS CITY-ST-ZIP	PAUL S. BRODKORS	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP	nature required w		7-20 DATE			CB2E034 (44/08)
TITLE ( NAME OF ) STREET ADDRESS CITY-ST-ZIP TITLE	PAUL S. BRODKORS	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE	nature required w		7-20 DATE	Change	Addition	CB2E034 (44/00)
TITLE ( NAME TYPE) STREET ADDRESS CITY-ST-ZIP TITLE NAME	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	nature required w		7-20 DATE	Change	Addition	(41/08)
TITLE CONTROL OF THE	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD	PRESS		7-20 DATE	Change	Addition	CDOECO34 (44,000)
12.  TITLE (NAME FINANCESS CITY-ST-ZIP)  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE 33009 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP	PRESS		7-20 DATE	☐ Change	☐ Addition	CB2EC24 /44/00
TITLE (NAME POINT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE	PRESS		7-20 DATE	Change	Addition	CB0E034 (44/00)
12.  TITLE (NAME PITCHESS CITY-ST-ZIP)  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE 33009 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	DRESS		7-20 DATE	☐ Change	☐ Addition	CB0E024 (44,000)
TITLE (NAME POINT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE 33009 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD	DRESS		7-20 DATE	☐ Change	☐ Addition	(44/06)
12.  TITLE (NAME PITCHESS CITY-ST-ZIP) TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE  33009 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIP	DRESS		7-20 DATE	☐ Change	Addition  Addition	V902177 741/00V
12.  TITLE (A)  STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS STREET ADDRESS	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE 33009 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIF 4.1 TITLE 4.	DRESS		7-20 DATE	☐ Change	☐ Addition	(44,00)
12.  TITLE (NAME PITCHESS CITY-ST-ZIP) TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE  33009 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIP	DRESS		7-20 DATE	☐ Change	Addition  Addition	(44,000
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PAUL S. BRODKORB OWNER 3608 MOON BAY CR WELLTNOTON, FL	DIRECTORS DELETE  33009 DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4. CITY-ST-ZIF 4.1 TITLE 4.2 NAME	ORESS ORESS ORESS		7-20 DATE	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	(41(00)
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  NAME  STREET ADORESS	PAUL S. BRODKORB OWNER BLOB MOON BAY CR WELLTNOTON, FL	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADD 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADD 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ORESS ORESS ORESS		7-20 DATE	☐ Change ☐ Change ☐ Change	Addition  Addition  Addition	V001447 PGCECGO
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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 faccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation or the receiver or trystee 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, p) on an attachment with an address with all other like empowered.