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 # P98000080258

1. Corporation Name

NADINE MACKINTOSH, P.A.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90142 005 ***150.00

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Principal Place	e of Business	Mailing Address		***	(((() () () () () () () () (*****
5151 SW 145 AVE 5151 SW 145 AVE							
FT. LAUDERDALE FL 33330 FT. LAUDERDALE FL 33330					DO NOT WRITE IN TH	C CDACE	
						3 SPACE	
					 Date Incorporated or Qualified 09/14/1998 		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 6610 N. University Dr. 26					65-0864/30	' No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22 Su	ite 210	27			5. Certificate of Status Desired	Fee Re	quired
City & Stat		City & State			6. Election Campaign Financing	\$5.00	
23 TAMAYAC // 28					Trust Fund Contribution	Added t	o Fees
Zip Country Zip			Country		8. This corporation owes the current year I	ntangible	
24 3336		<u></u>	30		Personal Property Tax.		XNo
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registere	a Agent	
GAR	rity, Joseph D						
1515 UNIVERSITY DR., STE. 207			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
COR	IAL SPRINGS FL 33071		83				
			84	City		85 Zip (Code
				1	F		
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.0505, Flori	thorized by da Statutes	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose ion's board of directors. I hereby accept the appropriate the statement of the purpose	ointment as re	gistered
	Signature, typed or printed name of registered agent			nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	IPS IN 12
12.			13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	MACKINTOSH, NADINE		1.2 NAME 1.3 STREET ADDRESS				
NAME							
STREET ADDRESS							
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	11-ZIP		Change	Addition
TITLE	22 N					_ ,	_
NAME				T.4000000			ì
STREET ADDRESS			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP				
CITY-ST-ZIP			2. 4 CHY-3	51-ZIP		Change	Addition
TITLE	_		3.2 NAME			_ •	_
NAME				T ADDRESS	-		,
STREET ADDRESS			3.4. CITY-5	1			
CITY-ST-ZIP			4.1 TITLE	31-ZIF		☐ Change	Addition
			4. 2 NAME				
NAME STREET ADDRESS				T ADDRESS			
			4.4 CITY-S				ľ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	11-215		☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS				TADDRESS			
ì			5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME			_ ,	

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.

6.4 C/TY-ST-ZIP

SIGNATURE: