PROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE Katherine Harris			FILED	
ANNUAL REPORT 1999		(2 · 20)	Secretary of State DIVISION OF CORPORATIONS			99 SEP 30 PH 2: 01	
DOCUMENT # P98000082839					SECRETARY OF STATE TALL ANASSEE, FLORIDA		
	REY J. ZANN, M.D., P.A.						
Principal Place	of Business	Mailing Address					
901 MEADOWS RUN 901 MEADOWS RUN SHITE C SHITE C							
SUITE C BOCA RATON FL 33486			SUITE C			DO NOT WRITE IN THIS SPACE	
BOGA RATUN	FL 33400	DOCK HATON FE 33480	BOCA RATON FL 33486			3. Date Incorporated or Qualified	
						09/24/1998	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	
21		[26]	[26]			65-086-64-15 Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.	Suite, Apt. #, etc. [27] City & State [28]			5. Certificate of Status Desired \$8.75 Additional Fee Required	
		1 1				6. Election Campaign Financing Trust Fund Contribution S Added to Fees	
Zip Country Zip 29 29			Country			8. This corporation owes the current year Intangible Personal Property. Yes No	
	9. Name and Address of Cui					10. Name and Address of New Registered Agent	
)EA	INIMAGE EDIMADO LEGO			81	Name		
JENNINGS, EDWARD J ESO. 200 SE 18TH COURT FT. LAUDERDALE FL 33316			82 Street Add		Street Add	Address (P.O. Box Number is Not Acceptable)	
					·····		
•							
				84	City	FL 85 Zip Code	
11. Parsuant office or a agent La	to the provisions of sections 607.0 registered agent, or both, in the Sam familiar with, and accept the ol	0502 and 607.1508, Florida Statut tate of Florida. Such change was bligations of, section 607.0505, Fl	es, the at authorize lorida Sta	xove- id by tutes	named corpo the corporati	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE Signature, typed or printed name of registered agent and titir if applicable (NO				OTE Registered Agent signature requ		uired when reinstating) DATE	
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Tille	D DELETE ZANN, GEOFFREY J M.D.		1.171	1.1 TITLE		Change Additio	
NAME			1.2 NAME		}		
STR: FT ADDRESS	901 MEADOWS RUN SUITI	EC			ADDRESS		
CHYSLZP	BOCA RATON FL 33486			TY-ST	ZIP		
TITLE		{ _∫ DELETE	2 1 TI 2 2 NJ		}	400003005454 <u>Addio</u> -10/05/99-01112-001	
NAME STREET ADDRESS					ADDRESS	-10/05/9901112001	
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					ADDRESS		

64 CITYST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119 07(3)(f), 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 of 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 or an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6 2 NAME

SIGNATURE: _ .

STREET ADDRESS

\$*REET ACORESS C/(Y-S*-2)2

C/14/S1-769 TITLE

NAME

SIGNATURE AND SPEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Daytinie Phone #

Change Addition