## 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 # P98000083552

B. S. KENNEDY M.D., P.A.

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90069 045 \*\*\*150.00



Principal Place of Business Mailing Address								
· -				STE 206				
BOCA RATON		399 W PALMETTO PARK RD. STE 206 BOCA RATON FL 33432						
						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 09/25/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				65-0864786	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				l e Cortifoata of Status Desired	5 Additional Required	
22		27					<del></del>	
City & Stat	e	City & State					00 May Be	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible	,	
24	25		30	· · · · ·		Personal Property Tax.	□No	
44[	9, Name and Address of Current		, <del>,</del> ,			10. Name and Address of New Registered Agent		
o, none and resident of autom regions a right					Name			
	D, S. HOWARD	_	ļ.	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	W PALMETTO PARK RD, STE 200	6		<u>- ۲</u>	RIEGE AUDIGSS (F.O. DOX RUITION IS INCLASSOPICATIO)			
BOC	CA RATON FL 33432		1	83				
				84	City	85 Zip Code		
					•	FL   85   2 pration submits this statement for the purpose of changing		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND			\gent s	signature required	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECT	CTORS IN 12	
TITLE	D OFFICERS AND	DELETE	13.			Chan		
NAME	Kennedy, Benjamin S M.D.		1.2 NAM					
STREET ADDRESS	7565 NE 8TH TERR				DDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY	Y-\$T-Z	ZIP	·		
TITLE		☐ DELETE	2.1 TRTL			Chan	ge Addition	
NAME			2.2 NAM	Æ				
STREET ADDRESS			2.3 STR	REET A	ODRESS			
CITY-ST-ZIP			2. 4 CIT	Y-ST-	ZIP		*	
TITLE	<del></del> .::	☐ DELETE	3.1 TITL	E		Chan	ge ` [] Addition	
NAME			3.2 NAM		1			
STREET ADDRESS					DORESS		t-sale	
CITY-ST-ZIP		☐ DELETE	3.4. CIT		ZiP	☐ Chan	ge Addition	
TITLE		□ nere (c	4.1 TITL			Goldin	a- * C	
NAME CYPET ADDRESS			4.2 NA		INDESS			
STREET ADDRESS			4.3 STR		DORESS			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL		<u> </u>	☐ Chan	ge Addition	
NAME			5.2 NAM					
STREET ADDRESS			53 STR	EET AL	DORESS			
CITY-ST-ZIP			5.4 CITY	Y-ST-Z	ZIP			
TITLE		☐ DELETE	6.1 TITL	E		☐ Chan	ge   Addition	
NAME			6.2 NAM	Æ				
STREET ADDRESS			6.3 STR	EET AC	DORESS			
CITY-ST-ZIP			6.4 CITY	Y-\$T-Z	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.