AMOUNT DUE ON OR BEFORE UNITERS: \$300 (IF DISSULVED, BIRLING AMOUNT DUE TO REINSTALE. \$700).

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Country

83

13.

11 MUE

1.2 NAME

2.1 TITLE

2.2 NAME

3.1 TITLE

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

A CITY-ST-ZIP

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

1.4 CITY-ST-ZIP

2.4 CITY-ST-ZIP

DELETE

DELETE

☐ DELETE

DELETE

DELETE

DELETE

Name

City

30

8000088647

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

25

BURSTYN, LANCE

4333 PINE TREE DRIVE MIAMI BEACH FL 33334

BURSTYN, LANCE

LE 1733 For 1 100

Street Street

4333 PINE TREE DRIVE

MIAMI BEACH FL 33334

PRIVATE MEDICAL SERVICES, INC.

Principal Place of Business 4333 PINE TREE DRIVE MIAMI BEACH FL 33334

21

23

24

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIF

12.

TITLE

NAME

TITLE

NAME

TILE

NAME

TILE

NAME

TITLE

NAME

TITLE

NAME

Mailing Address 4333 PINE TREE DRIVE

MIAMI BEACH FL 33334

2a. Mailing Address

City & State

Suite, Apt.#..etc.

26

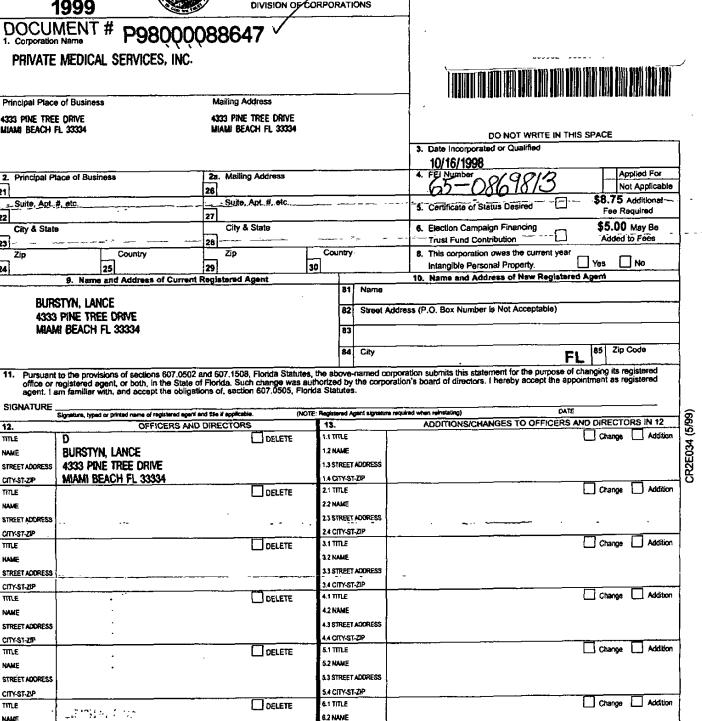
27

28 Zip

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FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90004 017 ***550.00



6.4 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)(ii), 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 one an attachment with an address.