SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90002 019 ***150.00

DOCUMENT # P98000097381

NIDAL RADWAN, M.D., P.A.

Dringing Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

i imospai i sac	C OI DUSINGSS	Manning Flags 500					
1652 N.E. MIAMI GARDENS DRIVE N. MIAMI BEACH FL 33179		1652 N.E. MIAMI GARDENS DRIVE N. MIAMI BEACH FL 33179					
					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified 11/02/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26	26		65-0875659	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
Zip	Zip Country Zip		Country		8. This corporation owes the current year		
24	25 29		30	Intangible Personal Property. Yes No		Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registere	d Agent	
(IED	MANE MADE A CDA DA			81 Name			
LIEBMAN, MARK A CPA,PA				82 Street Add	Street Address (P.O. Box Number is Not Acceptable)		
16211 N.E. 18TH AVENUE				000.7.55.	(.c. Box (amed) to the transplace,		
NORTH MIAMI BEACH FL 33162				83			
				84 City		. 85 Zip Code	
				84 City	F	L 85 Zip Code	
office or agent. I SIGNATURE	am familiar with, and accept the ob	ligations of, section 607.050	5, Florida Stat	toy the corporati	on's board of directors. I hereby accept the appured when reinstating)	ointment as registered	
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELET	E 1.1 TI	TLE .		Change Addition	
NAME	radwan, Hidal M.D.		1.2 N/	ME		_ ,	
STREET ADDRESS	4050 N.E. AMANA CARDENO DONE		1.3 ST	REET ADDRESS		•	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179		1.4 Cf	ry-st-zip			
TITLE		DELET				Change Addition	
NAME			2.2 N/	ME			
STREET ADDRESS			2.3 ST	REET ADDRESS			
CITY-ST-ZIP				ry-st-zip			
TITLE		DELET				Change Addition	
NAME			3.2 N/	ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4 CI	ry-st-zip			
TITLE		DELET				Change Addition	
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			l l	ry-st-zip			
TITLE		DELET				Change Addition	
NAME	1		5.2 N/	MF		- • — ··	

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.

DELETE

5.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.2 NAME

SIGNATURE: No TOPE AND TOPE OF DENTED WHICH STANDING OF FIRE OF PROPERTY.

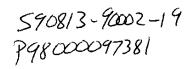
7-1-99

Doutime Phone #

Change Addition

22E034 (5/99

MARK A. LIEBMAN Certified Public Accountant, P.A.



July 7, 1999

Annual Report Filings
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 1999 Profit Corporation Annual Report for Nidal Radwan, M.D., P.A.

65-0875679

Gentlemen:

We represent the above referenced corporation and they have requested we explain, what we consider to be reasonable cause, for the delinquent filing and remitting of the Annual Report, in an effort to have the penalty provision abated.

In the past the Company's bookkeeper had handled the responsibility of filing the Annual Report. Having been shorthanded, without the services of its bookkeeper, the Company's owners do not recall receiving the original Annual Report. The Company has always complied with the filing requirements and the occurrence of delinquency was unintentional.

We request you accept the enclosed check of \$150.00 as full payment and waive the penalty for this singular filing delinquency.

Thank you for your cooperation in this matter.

Very truly yours,

MARK A. LIEBMAN, P.A.

Mark A. Liebman

Certified Public Accountant

ML:bf Enc.