FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S03112

1. Corporation Name

Principal Place of Business

813 E BLOOMINGDALE AVE

ROBERT M. BERLAND, PH.D., P.A.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90027 001 ***150.00



| | 3 E BLOOMINGDALE AVE RANDON FL 33511 BRANDON FL 33511 | | | | | | | | |
|----------------------------------------------------|-------------------------------------------------------|------------------------------------|--------------|-------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------|-----------------|--|
| 50 | | us | | | | DO NOT WRITE IN TI | HIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed | NO OF FIOL | | |
| 2 Principal | Dia (D | | | | | 09/14/1990 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number | | A 11 . — | |
| 21 | | 26 | | | | 59-3033567 | ⊢ | Applied For | |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 00 0000001 | | Not Applicable | |
| 22 27 | | | | - | | 5. Certifcate of Status Desired | | 5 Additional | |
| City & State City & State | | | | | | | Fee | Required | |
| 23 | | | | | | 6. Election Campaign Financing | \$5.0 | 0 May Be | |
| Zip | Country Zip Countr | | | | | Irust Fund Contribution Added to Fees | | | |
| 24 | | | | шу | | 8. This corporation owes the current year | Intangible | | |
| | 9. Name and Address of Cur | | 30 | | | Personal Property Tax. | ☐ Yes | □No | |
| - | o, manus and Address of Cal | rent Registered Agent | | | | 10. Name and Address of New Registers | d Agent | | |
| BEF | RLAND, ROBERT M. | | ĺ | 81 | Name | | | | |
| 813 E BLOOMINGDALE AVE | | | | 82 | Stroot Adde | roce (D.O. B N | · | | |
| PRANDON EL COSA CARO | | | | - | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| DITA | ANDON FL 33511-8113 | | l l | 83 | | | . <u> </u> | A | |
| | | | ļ | | | | | 1. 阿勒爾 1 | |
| | | | [7 | 84 | City | | | Code | |
| 11. Pursuant | to the provisions of Sections 607.0 | E02 and 607 4500 51 | | | | F | | | |
| office or | registered agent, or both, in the Sta | te of Florida, Such change was all | s, the about | ove- | named corpo | oration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing i | ts registered | |
| -g | am familiar with, and accept the obli | gations of, Section 607.0505, Flor | ida Statut | es. | e corporatio | on's board of directors. I hereby accept the app | ointment as i | egistered | |
| SIGNATURE | | | | | | | | · | |
| 40 | Signature, typed or printed name of registered a | | Registered A | gent s | ignature required | d when reinstating) . DATE | | | |
| 12. | | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | AID DIDEOT | 2000 11110 | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | $\neg \neg$ | S S S S S S S S S S S S S S S S S S S | Change | | |
| NAME | Berland, Robert M | | 1.2 NAMI | F | | · | ∟J Criange | ☐ Addition | |
| STREET ADDRESS | 813 E BLOOMINGDALE | | | | | | | | |
| CITY-ST-ZIP | BRANDON FL | | 1.3 STRE | | , | | | ĺ | |
| TITLE | | ☐ DELETE | 1.4 CITY- | | IP | | | . | |
| NAME | | LIDELEIE | 2.1 TITLE | | 1 | | ☐ Change | Addition | |
| | | | 2.2 NAME | Ē | | | | _ | |
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| CITY-ST-ZIP | | | 2. 4 CITY- | | I | - | | Ī | |
| TITLE ., | · · · · · · · · · · · · · · · · · · · | ☐ DELETE | 3.1 TITLE | | | | | | |
| NAME | ž. | | | | | | Change | ☐ Addition ☐ | |
| STREET ADDRESS | | | 3.2 NAME | | | | | | |
| CITY-ST-ZIP | | | 3.3 STREE | ETAD | ORESS | 4 - 410 | | | |
| TITLE | | | 3.4. CITY- | ST-Z | IP . | | | | |
| | | ☐ DELETE | 4.1 TITLE | | | | Change | : | |
| NAME | | | 4. 2 NAME | | 1 | • • | ·C Analiga | L. Addition | |
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| IAME | | C DELETE | 5.1 TITLE | | 1 | *** | ☐ Change | ☐ Addition | |
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| J | | | 5.3 STREE | TADE | DRESS | | | (| |
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| AME | | | 6.2 NAME | | | | ☐ Change | ☐ Addition (| |
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| - 1 | | | 6.3 STREE | I ADD | KESS | | | ļ | |
| TY-ST-ZIP | | | 64 CITY, 9 | | | | | | |

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.