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 # **S03385**

SIGNATURE:

N. BENJAMIN BARNEA, M.D., P.A.

,	Place of Business	Mailing Address				iail Blail Bieli B	
1801 UNIVE	RSITY DRIVE	1801 UNIVERSITY DRIVE					raci Biati Biali (
PENTHOUSE		PENTHOUSE			J		
US US	RINGS FL 33071	CORAL SPRINGS FL 330	71		80.412=		
100		US			DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE	
2 Dein -i-	LDI.						
	al Place of Business	2a. Mailing Address			10/02/1990 4. FEI Number		
21		26			** **		Applied For
	spt. #, etc.	Suite, Apt. #, etc.			65-0218335		Not Applicat
22		27			5. Certifcate of Status Desired		5 Additional
City & S	State	City & State				Fee	Required .
23		28			6. Election Campaign Financing	\$5.0	0 May Be
Zip	Country	Zip	Coun		Trust Fund Contribution	Adde	d to Fees
24	25	29	30	ili y	8. This corporation owes the current year	Intangible	
ļ	Name and Address of Current	It Registered Agent			Personal Property Tax.	8 TYes	□No
l		-giotoi da Agent		B1 Name	10. Name and Address of New Registere	ed Agent	
N.	BENJAMIN BARNEA MD]'	Name		 	
180	1801 UNIVERSITY DR-PENTHOUSE			Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUITE 707			L				
CO	PRAL SPRINGS FL 33071		8	33		* 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3 . 3	1.80 - 2.31 - 3.31
			-	4 City			
44 Diversi						85 Zip	Code
office or	registered agent, or both, in the State	2 and 607.1508, Florida Statut	es, the abo	Ve-named corno	pration submits this statement for the purpose in's board of directors. I hereby accept the app		
agent. I	am familiar with, and accept the obligati	ions of, Section 607 0505, Flor	uthorized b	y the corporation	pration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing it	s registered
SIGNATURE			inda Otatule	rs.		Ontinent as I	egisterea
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature required			
12.	OFFICERS AND	DIRECTORS	13.	our adulatine ledities			
TITLE	D	☐ DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
NAME	Barnea, N. Benjamin		1.2 NAME	}		Change	Additio
STREET ADDRESS	1801 UNIV. DR. PENTHSE						
CITY-ST-ZIP	CORAL SPRINGS FL			TADDRESS			
TITLE		☐ DELETE	1.4 CITY- S	ST-ZIP	- <u>-</u> -		
NAME		C) DCLETE	2.1 TITLE	ļ			
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CITY-ST-ZIP			•	i	3.	Change	☐ Addition
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VAME	· · · · · · · · · · · · · · · · · · ·		2.3 STREE		4.	Change	
J		☐ DELETE			\$.		}
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		☐ DELETE	2. 4 CITY- § 3.1 TITLE 3.2 NAME	ST-ZIP	÷.		}
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6.4 CITY-ST-ZIP

WIRED

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90021 004 ***150.00

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 soft lemental 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. 1/29/29 954)341-8100