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

Mailing Address

PALM CITY FL 34990

3088 SW. WIMBLEDON TERRACE

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

1701 SE HILLMOOR DR

STE 5



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # S12455

ALLAN BIRNBAUM, D.O., P.A.

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90021 016 \*\*\*150.00



	FL 34952	US				DO NOT WRITE IN THIS		
US	L 0400E	-				3. Date Incorporated or Qualifed	-	
00						,		•
	•					10/05/1990		·
2. Principal P	Place of Business	2a. Mailin	ng Address			4. FEI Number	Ap	plied For
		26	_			65-0237274	No	t Applicable
21	<u> </u>				******	05 0257214	\$8.75	
Suite, Apt.	#, etc.	Suite,	, Apt. #, etc.			5. Certificate of Status Desired		
22		27				Di Continonio di Citatto 2001100	, Fee Re	quired
City & Stat			& State	•	·	6. Election Campaign Financing	\$5.00	May Bo
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23		28				Trust Fund Contribution	, Added t	U rees
Zip	Country	Zip		Cou	intry	8. This corporation owes the current year Inta	angible	
	25	29		30			. 🗌 Yes	□No
24				30	T		Amont	
	9. Name and Address of Current		Agent			10. Name and Address of New Registered	Agent	
	The second secon				81 Name			
RIR	NBAUM, ALLAN, D.O.				<u> </u>			
61 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ON MAINTENANT TOO AGE				82 Street Add	iress (P.O. Box Number is Not Acceptable)		
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	•				84 City	1 MM 1 M 2 M 2 M 1 M 1 M 1 M 1 M 1 M 1 M	85 Zip (	Code '''''
					City	· FI		
والم المحاجم المراجع							changing its	registered
<ol><li>11. Pursuant</li></ol>	to the provisions of Sections 607.0502	2 and 607.150	8, Florida Statut	es, the a	bove-named corp	poration submits this statement for the purpose of	changing its	nietered
office or	registered agent, or both, in the State of	of Florida. Suc	ch change was a	utnonzet	o by the corporati	ion's board of directors. I hereby accept the appoin	minent as re	gistored
agent I a	am familiar with, and accept the obligation	ions of, Secuc	טח, הטפט. יטם חכ	nua stat	utes.			,
SIGNATURE	_			•				·
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:				Registered Agent signature required		red when reinstating) DATE		
12.	OFFICERS ANI			13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
14.	OI TOLKS AIN	D DITTE OF TOTAL						
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TITLE	D		☐ DELETE	1.1 TI	TLE	020/07278	Change	☐ Addition
	1 =	•	☐ DELETE	1.1 TT 1.2 N	1	np6/37278	☐ Change	☐ Addition
NAME	BIRNBAUM, ALLEN D.O.	,	☐ DELETE	1.2 N	AME	0.5649078	☐ Change	☐ Addition {
	BIRNBAUM, ALLEN D.O.	,	☐ DELETE	1.2 N	1	ग्रञ् <i>रवर्ष</i> ।	☐ Change	☐ Addition ∫
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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.

**SIGNATURE** 

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/99

561-223-9667

Daytime Phone #

CR2E034 (11/98)