PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S16053

VICTOR H. SHABANAH, MD., P.A.

22 5. Certificate of Status Desired City & State 6. Election Campaign Financing \$	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees
Trust Fund Contribution Zip City & State Zip City & State Zip Country Zip Zip Zip Country Zip Country Zip Summe and Address of Current Registered Agent SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE Tust Fund Contribution Summe and Address of Current Registered Agent FT LAUDERDALE FL 33316 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/30/1990 4. FEI Number 65-0237335 5. Certifcate of Status Desired Frust Fund Contribution A Trust Fund Contribution A Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees
3. Date Incorporated or Qualifed 11/30/1990 2. Principal Place of Business 2a. Mailing Address 25	Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees
2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country Zip Country Zip Country SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE 2a. Mailing Address 4. FEI Number 65-0237335 5. Certifcate of Status Desired F. Status Desired Status De	Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees
21 26 65-0237335 Suite, Apt. #, etc. 5. Certifcate of Status Desired 58 City & State 6. Election Campaign Financing 7 Trust Fund Contribution A Zip Country Zip Country 8. This corporation owes the current year Intangible 7 Personal Property Tax. 7 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees
Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE Suite, Apt. #, etc. City & State Country 8. This corporation owes the current year Intangible Personal Property Tax. Year Street Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	.75 Additional ee Required 5.00 May Be dded to Fees
27 City & State Trust Fund Contribution A State Country State Country Registered Agent SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE Street Address (P.O. Box Number is Not Acceptable)	ee Required 5.00 May Be dded to Fees
Zip Country Zip Country 88. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE 100. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	dded to Fees
Zip Country Zip Country 2ip Country 30 S. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable)	es □No
24 25 29 30 Personal Property Tax. Ye 9. Name and Address of Current Registered Agent SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent 81 Name SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
SHABANAH, VICTOR H., MD. 1525 S. ANDREWS AVENUE Street Address (P.O. Box Number is Not Acceptable)	
1525 S. ANDREWS AVENUE	
Total Total	Zin Code
84 City FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chango office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ng its registered as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR	
TITLE D DELETE 1.1 TITLE	nange 🗍 Addition
NAME SHABANAH, VICTOR H. 1.2 NAME	
STREET ADDRESS 1525 S ANDREWS AVENUE 1.3 STREET ADDRESS	
FT Alinenale Fl	nange
CMY-ST-ZIP FT LAUDERDALE FL 1.4 CMY-ST-ZIP	
TITLE DELETE 2.1 TITLE	mile [] , comon
TITLE DELETE 2.1 TITLE CITY NAME 2.2 NAME	autigo
TITLE	aurigo
TITLE DELETE 2.1 TITLE CIT NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF CITY ST-ZIP	nange Addition
TITLE DELETE 2.1 TITLE CIT NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP CITTLE TITLE DELETE 3.1 TITLE	
TITLE DELETE 2.1 TITLE CIT NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE NAME 3.2 NAME CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE CITYLE NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE NAME 3.2 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS	
TITLE DELETE 2.1 TITLE CITURE CITUR	
TITLE DELETE 2.1 TITLE CR NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	nange Addition
TITLE DELETE 2.1 TITLE CITURE CITUR	nange Addition
TITLE DELETE 2.1 TITLE CR NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP CR <	nange Addition
TITLE DELETE 2.1 TITLE CITURE CITUR	nange Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP TITLE AME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A2 NAME A2 NAME A2 NAME A2 NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE S1 TITLE NAME S2 NAME CC NAME	nange Addition
TITLE DELETE 2.1 TITLE C NAME 22 NAME C STREET ADDRESS 2.3 STREET ADDRESS C CITY-ST-ZIP 2.4 CITY-ST-ZIP C NAME 3.2 NAME C STREET ADDRESS 3.3 STREET ADDRESS C CITY-ST-ZIP 3.4 CITY-ST-ZIP C TITLE DELETE 4.1 TITLE C NAME 4.2 NAME C STREET ADDRESS 4.4 CITY-ST-ZIP C TITLE DELETE 5.1 TITLE C NAME 5.2 NAME C STREET ADDRESS S3 STREET ADDRESS C	nange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	hange Addition
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	nange Addition

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)(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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90096 030 ***150.00

" (XANDERIN 1801) DALA ADELL BANGKAN AND BANGKAN BANGKAN ADELL AND BANGKAN AND BANGKAN AND BANGKAN AND BANGKAN