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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90228 031 ***150.00

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DOCUMENT # S31451

1. Corporation Name

BOCA RATON OUTPATIENT SURGERY & LASER DEVELOPMEN
T COMPANY

Principal Place of Business

501 GLADES ROAD
BOCA RATON FL 33432

Mailing Address

C/O HOWARD A. DOYLE, M.D.
950 NORTHWEST 13TH STREET
BOCA RATON FL 33486
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

90 LAWRENCE NEWMANN

22 SE 6th St.

BOCA RATON, FL

33432

USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1991

4. FEI Number

65-0248455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

CECERE, MICHAEL
2200 NORTH FEDERAL HIGHWAY
SUITE 214
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 changing its registered 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/99

12. OFFICERS AND DIRECTORS

TITLE PD DOYLE, HOWARD A., JR. ☒ DELETE

NAME

STREET ADDRESS 950 N.W. 13TH ST.

CITY-ST-ZIP BOCA RATON FL

TITLE VD HOMER, PAUL I. ☒ DELETE

NAME

STREET ADDRESS 950 N.W. 13TH ST.

CITY-ST-ZIP BOCA RATON FL

TITLE SD ☐ DELETE

NAME NACHLAS, NATHAN

STREET ADDRESS 900 N.W. 13TH ST., #206

CITY-ST-ZIP BOCA RATON FL

TITLE TD ☒ DELETE

NAME SCHLOSSER, MARK

STREET ADDRESS 1500 N.W. 10TH AVE., #203

CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE

NAME MCCLERKIN, WILLIAM W.

STREET ADDRESS 900 N.W. 13TH ST., #206

CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME TREAS LAWRENCE NEWMANN

1.3 STREET ADDRESS 22 SE 6th St.

1.4 CITY-ST-ZIP BOCA RATON, FL 33432-6016

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)