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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # S6

64781

(5)

BRIAN F. GREER, M.D., P.A.

	FILED
Jan 21	1998 8:00am
Secre	etary of State

Principal Place of Business	Mailing Address	-	T I BRUTEND VIR BITTE BYETT TROUBLE THE PARTY 1101 BYOUT	IIBIE BABUI BIBII BIBII BIBII IBDI
7100 W. CAMINO REAL 7100 W. CAMINO REAL SUITE 214 SUITE 214 BOCA RATON FL 33433 BOCA RATON FL 33433		ì	DO NOT WRITE IN TH	IS SPACE
2.4			3. Date Incorporated or Qualified	
			07/09/1991	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3072766	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27	······································		Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	Country	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible Ves No
24 25 25 25 Name and Address of Curren	29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	
	r magistered water	B1 Name	IV. Hallie blie Addiess of Item neglister	W Wholit
GREER, CARLA				
7100 W. CAMINO REAL		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 214		83		
BOCA RATON FL 33433				
		84 City	F	85 Zip Code
41 Pursuant to the provisions of Sections 607 050	end 607 1508 Florida Statu	ites, the above-named corr		
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the Stationagent. I am familiar with, and accept the obligations.	of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
	ations of Section 607 0606. E	Incide Statutoon		
agent. I am familiar with, and accept the billiga	ations of, Section 607.005, F	ionoa Statutea.		
SIGNATURE ALLAS TOTAL	eer Cal	la Greer		
SIGNATURE Sonature, typed or priviled name of registered age	ont and tille if applicable (NC	TE: Registered Agent signature requ	ited when reinstating) DATE	
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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.

CIGNATURE: