## 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 # \$67557

1. Corporation Name

PHILIP R SIDRAN OD PA

Principal Place of Business	Mailing Address	
7971 SW 122 STR	7971 SW 122 ST	
MIAMI FL 33156	MIAMI FL 33156	
US	US	

## **FILED** Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90039 003 \*\*\*150.00

	ii dibii/iii, dibi; i ii							
Principal Plac	e of Business	Mailing Address				יטום וסטו ווונס וסוום וססטו ווווט שוו שועונטוו וו	. <b>Giğil Biğil (Çiği) 1</b>	118(1 A1A1) <b>)68</b> )
7971 SW 122 :	STR	7971 SW 122 ST						
MIAMI FL 33156 MIAMI FL 33156 US US						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 07/15/1991		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0271040	_ No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>\$8.75</b> ∙△	
22		27				3. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	
23	·	28]				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes the current year li		
24	25	29	30			Personal Property Tax.	Yes	□No
<u> </u>	9. Name and Address of Curi	rent Registered Agent		04	- Nome	10. Name and Address of New Registered	ı Agent	
Sini	ran, Philip R.			81	Name			
1	1 SW 122 ST			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
l	MI FL 33156				L			
	WII T E 33 130			83				,
				84	City	F	85 Zip (	Code
) office or r	to the provisions of Sections 607.0 registered agent, or both, in the Staum familiar with, and accept the obli	ate of Florida. Such change wa igations of, Section 607.0505,	s authorized Florida Stat	d by t tutes.	the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered gistered
	Signature, typed or printed name of registered a	<u> </u>			t signature required v			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	SIDRAN, PHILIP R.	☐ DELETE					C) Cylonide	
NAME				IAME	f			
STREET ADDRESS	7971 SW 122 ST				ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 C	TP_ST	- ZIP			Ì
TITLE	-	(7						<b>□ 6</b> 448
NAME		☐ DELETE		ITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS		DELETE	2.2 N	TLE VAME		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
CITY-ST-ZIP		DELETE	2.2 N 2.3 S	TILE AME	ADDRESS	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE			22 N 2.3 S 2.4 C	TILE LAME TREET	وجرا جدا وسنتفساس		ا با و استرومه	
1		☐ DELETE	2.2 N 2.3 S 2.4 C 3.1 TI	TILE TREET CITY-ST	وجرا جدا وسنتفساس		☐ Change	Addition . Addition
NAME	•		22 N 2.3 S 2.4 C 3.1 TI 3.2 N	ITLE  LAME  TREET  CITY-ST  TILE  LAME	T-ZIP		ا با و استرومه	
NAME STREET ADDRESS	*		2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	ITLE TREET TITLE TAME TREET TITLE TREET	ADDRESS		ا با و استرومه	
STREET ADDRESS	*	☐ DELETE	22 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C	ITLE IAME STREET TITLE IAME STREET CITY-S1	ADDRESS		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	•		22 N 23 S 2.4 C 3.1 TI 32 N 33 S 34 C 4.1 TI	TITLE TREET TITLE TREET TREET TITLE TREET TITLE TREET	ADDRESS		ا با و استرومه	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	22 N 23 S 2.4 C 3.1 Tl 3.2 N 3.3 S 3.4 C 4.1 Tl 4.2 N	TITLE TAME TITLE TAME TREET TAME TREET CITY-SI TITLE NAME	ADDRESS T-ZIP		☐ 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 appear with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR