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Feb 21, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **\$82822**

1. Corporation Name

SAMUEL R. GALITZER, D.P.M.,P.A.

Principal Plac	e of Business	Mailing Address				+ 10011010 101 11			 	IF MIRST BIBIT B	1011 01011 1001
9200 NE 6 AVE		9200 NE 6 AVE									
MIAMI SHORES FL 33138 US		MIAMI SHORES FL 33138 US			DO NOT WRITE IN THIS SPACE						
00		•				e Incorporate /24/1991	d or Qua	lifed			
2 Principal P	face of Business	2a. Mailing Address				Number				- I An	plied For
	ace of Eddiness	26				0285800	•			J	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.								\$8.75 A	
22	,	27			5. Cerl	tifcate of Stati	us Desire	ed 🔲	and the	Fee Rec	
City & Stat	e	City & State			6. Élec	tion Campaig	n Financ	cina		\$5.00	May Be
23		28				st Fund Contr				Added to	
Zip	Country	Zip	Country		8. This	corporation	wes the	current ye	ear Intar	ngible	
24	25	29	30		Pers	sonal Propert	y Tax.		[Yes	□No
	9. Name and Address of Curre	ent Registered Agent			10. Nar	ne and Addr	ess of N	ew Regist	tered A	gent	
041	ITTED CALIFIED DOMEST		81 N	ame							
	ITZER, SAMUEL R DPM PA		82 S	treet Address	(P.O. E	Box Number is	Not Ac	ceptable)			
17101 NE 6TH AVE					<u> </u>						
NUF	RTH MIAMI BEACH FL 33162		83								l.
			84 C	ity		********				85 Zip C	ode
									<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	302 and 607.1508, Florida Statute e of Florida, Such change was al	es, the above-na uthorized by the	med corporation's	tion sub	mits this state of directors. I	ement for hereby a	r the purpo accept the	ose of ch appoint	nanging its i ment as rec	registered distered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Flor	rida Statutes.	corporations	, Dould (57 GII COLOTO, T		.000001 1110	орроши		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE											
42	Signature, typed or printed name of registered ag	·	Registered Agent sign	nature required who		ing) TIONS/CHAN	CEC TO		ATE DE AND	DIRECTO	DC IN 12
12.		AND DIRECTORS		1	ADDI	HONS/CHAP	IGES IC	OFFICE		Change	Addition
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	1075 NE 176TH STREET	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADD	Bo	Ca	Raton			433		☐ 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP