FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

EAST DR

5405 OKEECHOBEE BLVD #303

PROFIT CORPORATION ANNUAL REPORT

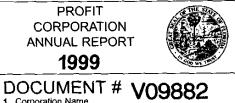
1999

1. Corporation Name

Principal Place of Business

EAST DR

5405 OKEECHOBEE BLVD #303



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90009 024 ***150.00

DANIEL S. RAPPAPORT, M.D., P.A.	
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	ALM BEACH FL 33417 WEST PALM BEACH FL 33417		DO NOT WRITE IN TH				
us		us		3. Date Incorporated or Qualified 01/27/1992			
		A Marillan Addana			4. FEI Number		pplied For
2, Principal Pi	lace of Business	2a. Mailing Address			65-0306583	→	ot Applicable
<u>:1 </u>		26			65-030303	 _	Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		dequired
2		City & State					
City & State	e	-			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23	Caunta	28 Zip	Count				101 663
Zip	Country	Zip		. y	This corporation owes the current year f Personal Property Tax.	XYes	□No
24	25		30		10. Name and Address of New Registere		
	9. Name and Address of Curren	t Registered Agent		11 Name	10. Name and Address of New Registers	a Agont	
RAPPORT, DANIEL S.							
	OKEECHOBEE BLVD		8	Street Add	ress (P.O. Box Number is Not Acceptable)	,	1
	303		⊢ -	13			
	T PALM BCH. FL 33417			· ·			ĺ
WES	II PALMI DON. FL 33417		ε	14 City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
					F	_	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named com	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	s régistered enistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statut	es.	ion's board of directors. Thereby accept the app	Ontinioni do n)
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE:	Registered A	gent signeture require	ed when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	RAPPAPORT, DANIEL S		1.2 NAM	E			-
STREET ADDRESS	5405 OKEECHOBEE BLVD #3	103	1.3 STRI	EET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL	-	1.4 CITY	-ST-ZIP	•		Ì
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		☐ DELETE	2. 4 CITS 3.1 TITLI	/-ST-ZIP		Change	☐ Addition
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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: