FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F39367 (0)JOSE C. MONTES, M.D., P.A. Principal Place of Business Mailing Address 1504 BERRYHILL RD 1504 BERRYHILL RD MILTON FL 32570 MILTON FL 32570 3. Date Incorporated or Qualified 06/03/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2094625 21 26 Suite, Apt #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MONTES, JOSE M 1504 BERRYHILL RD. Street Address (P.O. Box Number is Not Acceptable) 82 MILTON FL 32570 83 84 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submills 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.

DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required

Zip Code

(10/97

SIGNATURE Signature, typed or pertied name of registered agent and title if applicable (NOTL Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition MONTES, JOSE C NAME 1504 BERRYHILL ROAD STREET ADDRESS 1.3 STREET ADDRESS MILTON, FL 00000 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-7IP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change TITLE 61 TITLE Addition 62 NAME STREET ADDRESS 6.3 STREET AODRESS CITY-ST-ZIP

14. Thereby 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 consuration 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

SIGNATURE: V

4-1-98