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Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F40122** (6)

1. Corporation Name

SANCHEZ DE FUENTES AND REAL, M.D., P.A.

Principal Place of Business

Mailing Address

**323 W CYPRESS ST.
KISSIMMEE FL 34741**

**323 W CYPRESS ST.
KISSIMMEE FL 34741**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1981	
21		26		4. FEI Number 59-2105244	Applied For ☐ Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution ☐	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEFUENTES, SANCHEZ
323 WEST CYPRESS STREET
KISSIMMEE, FL
34741**

81	Name	Richard Real
82	Street Address (P.O. Box Number is Not Acceptable)	323 West Cypress Street
83		
84	City	Kissimmee
85	Zip Code	FL 34741

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DE FUENTES, A SANCHEZ	1.2 NAME	RICHARD REAL
STREET ADDRESS	323 W CYPRESS ST	1.3 STREET ADDRESS	323 West Cypress Street
CITY-ST-ZIP	KISSIMMEE, FL 00000	1.4 CITY-ST-ZIP	Kissimmee, FL 34741
TITLE	STD	2.1 TITLE	
NAME	DE FUENTES, OLGA SANCHEZ	2.2 NAME	
STREET ADDRESS	323 W CYPRESS ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

3-13-98

CR2E034 (10/97)