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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J61684

1. Corporation Name  
BENJAMIN BEFELER, M.D., HIALEAH AMBULATORY, IN C

Principal Place of Business: BENJAMIN BEFELER, MD, 840 E. 25TH STREET, HIALEAH FL 33013, US  
Mailing Address: C/O TRULLENQUE, ANTHONY, ESQUIRE, 7098 BONITA DRIVE, MIAMI BEACH FL 33141, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 03/13/1987  
4. FEI Number: 59-1802055  
5. Certificate of Status Desired: \$8.75 Additional Fees Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent: BEFELER, MD, BENJAMIN, 840 E. 25TH STREET, HIALEAH FL 33013

10. Name and Address of New Registered Agent: 81 Name: BENJAMIN BEFELER, M.D., 82 Street Address: 777 E. 25th St., #502, 83, 84 City: Hialeah, FL 85 Zip Code: 33013

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: Benjamin Befeler, DATE: 1-15-99

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes Benjamin Befeler as DP.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. Includes checkboxes for Change and Addition.

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin Befeler, DATE: 1-15-99

CR2E034 (1/198)