FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Morti

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Secretary of Stat

DIVISION OF CORPOR ONS

DOCUMENT # P93000031794 (9)

J.A. SUAREZ, JR., M.D., P.A.

FILED Feb 09 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address					: 4141 1251
6103 SE FEDERAL HIGHWAY 194 N.E. ELM TERRACE STUART FL 34997 JENSEN BEACH FL 34957 IIS				DO NOT WRITE	IN THIS SPACE	
05				3. Date Incorporated or Qualified	IN THIS SPACE	
				04/30/1993		1
2. Principal Place of Business	2a. Mailing Address	<u></u>		4. FEI Number	 i -	Applied For
21	26			65-0413186		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				□ \$8.7	5 Additional
22	27			5. Certificate of Status Desired	Fee	Required
City & State	City & State			6. Election Campaign Financing	\$5.	00 May Be
23	28			Trust Fund Contribution		ed to Fees
Zip Country	Zip	Country		8. This corporation owes or has paid		
9. Name and Address of Currel	29	30		Personal Property Tax due June 3 10. Name and Address of New Reg		☐ No
SUAREZ, JR. J	nt negistered Agent	81 8	lame	IO. Name and Address of New Reg	istered Agent	
6103 SE FEDERAL HIGHWAY						
STUART FL 34997		82 S	treet Addre	ess (P.O. Box Number is Not Acceptable	e)	İ
070/1117 2 04007		83				
		[84] C	ity		FL 85 2	Cip Code
11. Pursuant to the provisions of Sections 607.05/ office or registered agent, or both) in the State agent. I am familiar with, and accept the policy	2 and 607.1508, Florida Statu	ites, the above-na	amed corpo	oration submits this statement for the pu	rpose of changin	g its registered
office or registered agent, or both) in the State agent, I am Jamiliar with, and accept the ablig	of Florida. Such change was ations of, Section 607.0505. F	authorized by the lorida Statutes.	e corporation	on's board of directors. I hereby accept	the appointment	as registered
1 1 1/ / 1/	1 10 10 1					
SIGNATURE Signature Typoid or printed name at registered age	OVI) Glacifons h-etil bns tne	TE. Registered Agent si	nantura romaira	7	5475	
		TE. Hagistered Agont Si	Inatore recore		DATE	i
	D DIRECTORS	13.	Bustona rectoure	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	
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14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual report or difference of the corporation or the receiver of true Block 12 or Block 13 if changed, or bn an attachment with does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information out is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: