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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

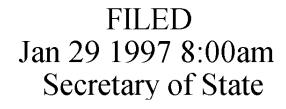
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400001263 (0)

HARRY AGUERO M.D., P.A.

Principal Place of Business Mailing Address





8035 8W 40TH ST STE. 101 MAMN FL 33155			STE. 101	6035 SW 40TH ST STE. 101 MIAMI FL 33155-5250									
							3. Date Incorporated or Qualified 01/06/1994			3a. Date of Last Report 04/11/1996			
2. Principal F	Place of Business	2a. Mailin	2a. Mailing Address 26				4.	FEI Number 65-0457189	Applied For Not Applicable				
Sulte, Apt.		Suite,					5.	Certificate of Status Desired	\$8.75 Addition Fee Require			Additional	
City & State			28								5.00 Added t	May Be o Fees	
Zip 24	25	Country	21p		Count	ry				Yes 🗀] No		199.032,
VA7	QUEZ, MARGAF		rent Registered A	Agent	8	4]	Name	10.	Name and Address of New Re	gistered #	\geni	t	
	S SW 15TH ST					Name							
MIAMI FL 33145					8		Street Add	ress (F	O. Box Number is Not Acceptab	le)			
					В	3							
					8	4	City			FL	85	Zip C	Code
agent. ra SIGNATURE	am tamiliar with, an	ed name of registered	ligations of, Section	on 607.0505,	Florida Statuti	es		red when		DATE			
12.	D	OFFICERS A	AND DIRECTORS	- Brusse	13.		i	A	ADDITIONS/CHANGES TO OFFIC	ERS AND			
title Name	AGUERO, HAI	PRY		☐ DELETE	1.1 TITLE						LJ C	hange	Addition
street address	6315 SW 32N				1.2 NAME		AODRESS						
CITY-ST-ZIP	MIAMI FL 331				1.3 STREE								
TITLE				DELETE	2 1 117 LE	•					CI	hange	Addition
NAME					2.2 NAME								
STREET ADDRESS					2.3 STRE	ET #	address						
CITY-ST-ZIP TITLE	<u></u>			DELETE	2. 4 CHY 3.1 TITLE		1 · ZIP					hanan	T Addition
NAME				been	3.7 HILE 3.2 NAME						∐ CI	nange	☐ Addition
STREET ADDRESS					3.3 \$1866		ADORESS						
CITY-ST-ZIP					3.4 CHY		1						
TITLE				DELETE	4.1 TITLE						☐ Ci	nange	Addition
NAME					4. 2 NAM		1 hoor us						
STREET ADDRESS					43 STREE		1						
TTLE				DELETE	4.4 CDY - 5.1 TFLF		· 41r				☐ Ĉŧ	nange	Addition
IAME					5.2 NAME							o -	
STREET ADDRESS					5 3 STREE	TA	ADDRESS						
CITY-ST-ZIP	 	·- · · · · · · · · · · · · · · · · · ·			5.4 CI1Y -	SI-	- ZIP						
TITLE				DELETE	6.1 THLE						Ci	nange	Addition
NAME					6.2 NAME								
STREET ADDRESS					€.3 STREE								
CITY-ST-ZIP					G.4 CITY -	S1	- Z(I)						

I do hereby certify that the information supplied with this filling 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 13 if changes, or on an attachment with an address.

1/2/07