

**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

FILED

97 OCT 20 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000040665 (7)**

1. Corporation Name  
**RUIZ GONZALEZ INC.**

Principal Place of Business  
**4325 SUN & LAKE BLVD.  
SEBRING FL 33872**

Mailing Address  
**4325 SUN & LAKE BLVD.  
SEBRING FL 33872**

3. Date Incorporated or Qualified **05/13/1996**      3a. Date of Last Report

2. Principal Place of Business  
21 **4325 SUN N LAKES BLVD  
SUITE 101  
SEBRING, FL  
33872**      2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 **SEBRING, FL**  
28 **33872**      29 **USA**      30

4. FEI Number **65-0686944**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RUIZ, JOSE L  
3200 PHYSICIANS WAY  
SEBRING FL 33870**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**700002326587--2**  
83 **-10/22/97--01043--006**  
84 City **\*\*\*\*550.00** **\*\*\*\*550.00**  
**FL**      85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>RUIZ, JOSE L</b>	
STREET ADDRESS	<b>3200 PHYSICIANS WAY</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOSE L. RUIZ, M.D.</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JORGE F. GONZALEZ, M.D.</b>	
2.3 STREET ADDRESS	<b>4325 SUN N LAKES BLVD SUITE 101</b>	
2.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
3.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>MYRTA C. GONZALEZ</b>	
3.3 STREET ADDRESS	<b>4325 SUN N LAKE BLVD SUITE 101</b>	
3.4 CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
4.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DELIA M. RUIZ</b>	
4.3 STREET ADDRESS	<b>3200 PHYSICIANS WAY</b>	
4.4 CITY-ST-ZIP	<b>SEBRING, FL 33870</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: \_\_\_\_\_

CR2E034 (9/96)