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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P97000091309

ADVANCE MEDICAL OFFICE	VANCE MEDICAL OFFICE MO.				
Principal Place of Business	Mailing Address				
8452 S.W. 24TH ST. MIAMI FL 33155	8452 S.W. 24TH ST. Miami FL 33155				

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90006 005 \*\*\*150.00

1. Corporation ADVANCE	MEDICAL OFFICE INC.					
Principal Place	of Business	Mailing Address				
B452 S.W. 24TH MIAMI FL 33155	ST.	8452 S.W. 24TH ST. Miami FL 33155				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 10/23/1997
		2a. Mailing Address				4. FEI Number Applied For
¬ '	7 Principal Place of Business					65-0790127 Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curre			Ι		10. Name and Address of New Registered Agent
				81	Name	
	ZALEZ, MARGARTIA S.W. 24TH ST.			82	Street Addre	ress (P.O. Box Number is Not Acceptable)
	AI FL 33155			83		
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	602 and 607.1508, Florida Stat	tutes, the	above	e-named corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	pations of, Section 607.0505, F	lorida Sta	atutes		
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if anolicable. (NC	TE: Register	ed Age	nt signature require	ed when reinstating) DATE
12,	OFFICERS A	AND DIRECTORS	13	3		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVTD	☐ DELETE	1.1	TITLE		Cliarige Chadnes
NAME	GONZALEZ, MARGARITA			NAME		
STREET ADDRESS	8452 S.W. 24TH ST.			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE				2.2 NAME		
NAME OTREET ADDRESS			2.3	STREE	TADDRESS	
STREET ADDRESS		_	2.4	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP		DELETE	3.1	TITLE		Change C Addition
NAME				NAME		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP		☐ DELETE		I TITLE	ST-ZIP	Change Addition
TITLE				2 NAME	.	
NAME	1. The second se		1		ET ADDRESS	
STREET ADDRESS			- B	4 CITY-		
CITY-ST-ZIP		DELETE		1 TITLE		☐ Change ☐ Addition
TITLE NAME				2 NAME		
STREET ADDRESS			5.	3 STRE	ET ADDRESS	
CITY-ST-ZIP		. <u> </u>		4 CITY-		☐ Change ☐ Additio
TITLE	7.7.	☐ DELETE	1	6.1 TITLE		☐ Change ☐ Addition
NAME				2 NAME		
STREET ADDRESS	s		1		ET ADDRESS	
1	i		ء ا	A CITY.	er. 719	

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 of 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 corrigation 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, with all gither like empowered.

SIGNATURE: