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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Feb 16, 1999 8:00 am Secretary of State Katherine Harris

02-16-1999 90050 011 ***150.00

FERNAN	DO DE ELEJALDE, M.D., P./	A.		•				
Principal Place	e of Business	Mailing	g Address	_			eteti eteti atali all	iti Bibit Bibit 1961
•		7	i. Federal Hwy			·		
#210 #210								
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308				8	DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed		
						09/11/1974		
2. Principal P	Place of Business	2a. Ma	ailing Address			4, FEI Number		Applied For
21		26				59-1554960		Not Applicable
Suite, Apt.	#, etc.	27 Su	ite, Apt. #, etc.			5. Certifcate of Status Desired	¥	5 Additional Required
City & State	le	Cit	ty & State			6. Election Campaign Financing		May Be
23		28	u-1			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	p	Coun	try	8. This corporation owes the current ye		V-sc.
24	. 25	29		30		Personal Property Tax.	[_] Yes	No.
	9. Name and Address of Current	Registere	ed Agent		B1 Name	10. Name and Address of New Regis	resea Agent	
DE E	ELEJALDE, FERNANDO M.D.			[·		
6550	N. FÉDERAL HIGHWAY		•	L		ddress (P.O. Box Number is Not Acceptable)	· Samer dasar a rais	
STE				[B3	· · · · · · · · · · · · · · · · · · ·		
Fi. l	LAUDERDALE FL 33308-0810			-	B4 City	1 2 1 2 4	FL 85 Zi	ip Codê
,	the available of Sections 607 0503	2 and 607 1	1509 Elorida Statut	os the ah	ove-named c	orporation submits this statement for the purp		its registered
office or r	registered agent, or both, in the State of the chilination for the	of Florida. S	Such change was a	uthorized	by the corpor	orporation submits this statement for the purp- ration's board of directors. I hereby accept the	appointment as	registered
ayent ia	int lanimal with, and accept the obligation	10118 01, 361	ction 607.0505, Fig	inga Statui	.es.			
SIGNATURE						·		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if app	xicable (NOTE	Registered A		quired when reinstating), D.	ATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if app	olicable. (NOTE	Registered A	gent signature rec	·	ATE RS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if app	xicable (NOTE	13.	gent signature rec	quired when reinstating), D.	ATE	TORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD DE ELEJALDE, FERNARDO	t and title if app	olicable. (NOTE	13. 1.1 TITL 1.2 NAM	gent signature rec	quired when reinstating), D.	ATE RS AND DIREC	TORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD DE ELEJALDE, FERNARDO 6550 N FEDERAL HWY #210	t and title if app	olicable. (NOTE	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature rec E RE EET ADDRESS	quired when reinstating), D.	ATE RS AND DIREC	TORS IN 12
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CITY-ST-ZIP 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 for 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: