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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 464157 1. Corporation Name

C. VIRGINIA BARROCAS M. D., & ASS, P.A.

Principal Plac	e of Business	Mailing Addres	S						
271 ISLAND DE	7	271 ISLAND DR							
KEY BISCAYNE	FL 33149	P.O.BOX 607							
US			KEY BISCAYNE FL 33149			DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			
						10/25/1974			
2. Principal P	lace of Business	2a. Mailing Add	iress			4, FEI Number			plied For
21		26				59-1560914			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	#, etc.			5. Certificate of Status Desired		\$8.75	
22		27						Fee Re	equired
City & Stat	le	City & State	9			6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added 1	o Fees
Zip ·	Country	Zip		ountry	1	8. This corporation owes the curre	ent year Inta		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		-		10. Name and Address of New R	egistered /	Agent	
7414	O MANUEL		, ,	81	Name				i
	NC, MANUEL SE 2ND AVE			82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	OF EITO ATE	and a set		L		CARLOR CONTRACTOR CONT	<u> </u>		na ces alum I e je
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				1	,		FL		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Flo	rida Statutes, the	abov	e-named corpo	ration submits this statement for the	purpose of	changing its	registered
office or r	registered agent, or both, in the State o im familiar with, and accept the obligation	f Florida. Such cha ons of Section 607	nge was authoriz ' 0505` Florida St	zed by tatutes	the corporation	n's board of directors. I hereby accep		nment as re	gisterea
	MANUEL ZA	1001				1/7	1199		
SIGNATURE	Signature, typed or printed name of registered agent		(NOTE: Register	red Age	nt signature required	when reinstating)	DATE /		
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
12.	OFFICERS AND			3.	,	ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	RS IN 12
12.		DIRECTORS	1;	3.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTO	RS IN 12
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6.4 CITY-ST-ZIP

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 or suppliemental 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.

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90016 050 ***150.00