## TILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 482769 1. Corporation Name

BERRIOS PROFESSIONAL ASSOCIATION

## FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90052 025 \*\*\*150.00



Principal Place of Business Mailing Address 605 LAMAR AVENUE 605 LAMAR AVENUE **BROOKSVILLE FL 34601** BROOKSVILLE FL 34601 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/13/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1603430 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired City & State Fee Required City & State 6. Election Campaign Financing \$5.00 May Be. 23 28 Trust Fund Contribution Zip Added to Fees Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax.  $\square$ Nc 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERRIOS, JOSE R. 1040 OAK AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **BROOKSVILLE FL** 83 84 City 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 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 Signature, typed or printed name of registered agent and title if applicab 12. reinstating) OFFICERS AND DIRECTORS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition BERRIOS, JOSE R. NAME 12 NAME 1040 OAK AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change [ ] Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 supplemental ampdal poort 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 at sistee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)