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

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9. Name and Address of Current Registered Agent

**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # 491172

(3)

FERNANDO T. ORTIZ. M.D., P.A.

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FERNANDO, ORTIZ 17102 SW 78TH PLACE

**MIAMI FL 33157** 

FILED Feb 06 1998 8:00am Secretary of State

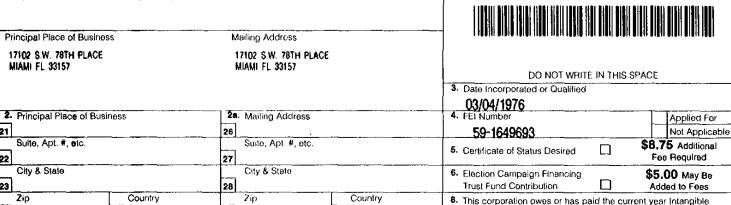
Yes

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

□ Ño



84 11. Pursuant to the provisions of Soctions 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.

81 Name

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SIGNATURE (NOT: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS TITLE PD DELETE 1.1 TITLE ☐ Change Addition ORTIZ, FERNANDO T. NAME 1.2 NAME 17102 S.W. 78TH PLACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE Change \_\_ Addition 2.1 TILLE FLOR, REMIGIO J NAME 2.2 NAME PO BOX 650398 N/A STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME AGUAS, PEDRO 3.2 NAMI 9021 SW 102 ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change THILE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME

CITY-\$T-ZIP 14. Thereby 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 trusted 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

PRNANSO T. OPTIZNS