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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 493636

(5)

FRANCISCO IGLESIAS, M.D., P.A.

FILED
Jan 26 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address 207 N. PLANT AVE. 207 N. PLANT AVE. PLANT CITY FL 33567 PLANT CITY FL 33567 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/09/1976 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 59-1671718 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible 🔀 Yes □ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent IGLESIAS, FRANCISCO 207 N PLANT AVE. Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33567 83 Zip Code 85 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 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. SIGNATURE when reinstating) Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE TITLE Change Addition NAME IGLESIAS, FRANCISCO 1.2 NAME 207 N PLANT AVE. STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE ST 2.1 TITLE IGLESIAS, FRANCISCO NAME 2.2 NAME 207 N PLANT AVE. STREET ADDRESS 2.3 STREET ADDRESS PLANT CITY FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP _ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST- ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4,3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY - ST- ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP

14. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 propriet or or an attachyselt with an address.

SIGNATURE: () A A SECO / SOLE REQUIRED NOISCO 1615/18/198 (813)754-3741

CR2E034 (10/97)