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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	JAL REPORT			Secretary of State DIVISION OF CORPORATIONS					Secretary of State					
DOCUMENT # 495051 (5)  1. Corporation Name PARKER, PETUSEVSKY & GIDEL, M.D. 'S, P.A.														
Principal Place	e of Business			Mailing A	ddress						1336 <b>3 1</b> 010 100	I IIII OIOI	<u></u>	
7000 S.W. 621	ND AVE.			-	, 62ND AVE.			ĺ				ĺ		
SUITE 201 SOUTH MIAMI FL 33143				SUITE 201						-	O NOT WRI	TE IN TUIC	CDACE	
SOUTH MIAM	1 FL 33143			SOUTH MIAM! FL 33143 US					3. Date Inc		or Qualifie		SFACE_	<del></del>
								ĺ		/1976		- !		
2. Principal Pl	ace of Busine	288		2a. Mailing Address					4. FEI Num			<del></del> -	A	oplied For
21				26					<u>59-1</u>	664154	<u> </u>	<u>'</u>		ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				1	5. Certifica	te of State	us Desired			Additional equired	
City & State	<del></del>			City & State					6 Election	Campaio	n Financing	<del>- !</del>		May Be
23	•			28				ļ		nd Contri	_			to Fees
Zip		Country		Zip		Count	ry					paid the cu	rrent year Int	
24		25		29		30					Tax due Ju			No No
9. Name and Address of Current Registered Agent  PDEIED DOREDT G. 81 Name									10. Name a	nd Addre	ss of New I	Registered	Agent	<del></del>
HOOD COLUTE DIVIS LINEY CHITT COO														
1320 SOUTH DIXIE HWY SUITE 830 CORAL GABLES, FLORIDA							2 Street	t Address	s (P.O. Box I	Number is	Not Accept	table)		
33146						8	3							
001.0							4 City					· · ·	-   95   Zin	Code
84												FL	<b>-</b>   `   `	ì
11. Pursuant to office or reagent. I ar	to the provision of the	ent, or both, in	s 607.0502 a the State of the obligation	nd 607.1508 Fiorida, Such	, Florida Statu change was	ites, the abo authorized l	ve-named by the cor	d corpora rporation	ation submits 's board of c	this state lirectors.	ment for the hereby acc	ept the ap	of changing it pointment as	ts registered registered
SIGNATURE	iri icarimical viria	in and accept			., 000, ,0000, ,	ionag blaigt					•	İ		- `
	Signature, typed o	r printed name of r			le. (NC	TE: Registered A	gent signalur	re required w				DATE		3 17 2 2
12.	PD	OFFI	CERS AND D	IRECTORS	DELETE	13.		1111	E PR			FICERS AN	D DIRECTOR Change	Addition
NAME	GIDEL. L	OUIS T				1.2 NAM		10.0	.C. U ( 1		<b></b>		Z-SC Originate	
STREET ADDRESS		62ND AVE	SUITE 201	B.			S STREET ADDRESS							
CITY - ST - ZiP	SOUTH I						ST-ZIP	ĺ						į
TITLE	STO			<del></del>	DELETE	2.1 TITLE		PR	ESIDE	- VT		1	Change	Addition
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NAME		VSKY, MITCI	HELL L.			3.2 NAM		معد	ulce. I	TILL	r legate	20 Krole	CHANGE	L. Addition
STREET ADDRESS		62ND AVE				f	T ADDRESS	1				ĺ		ĺ
CITY-ST-ZIP	SOUTH I	MIAMI FL				3.4. CITY						j.		
TITLE					DELETE	4.1 TITLE							Change	Addition
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CITY-ST-ZIP TITLE			<del></del>	<del></del>	DELETE	4.4 CITY- 5.1 TITLE	ST-ZIP	+					Change	Addition
NAME						5.7 NAME	:					i	onwige	L_ /Nocition
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STREET ADDRESS							T Address					i		ļ
CITY-ST-ZIP						6.4 CITY-	S[-ZIP	1				i		

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 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 an attachment with an address.

**SIGNATURE** 

**FILED** 

Jan 22 1998 8:00am