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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 515157 (6)

1. Corporation Name  
ARMANDO JIMENEZ, M.D., P.A.



Principal Place of Business Mailing Address  
575 EAST CENTRAL AVE. 575 EAST CENTRAL AVE.  
WINTER HAVEN FL 33880-3054 WINTER HAVEN FL 33880-3054

3. Date Incorporated or Qualified 10/01/1976 3a. Date of Last Report 05/01/1996  
4. FEI Number 59-1693573 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

ARMANDO JIMENEZ, M.D.  
575 EAST CENTRAL AVE.  
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE PT ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME JIMENEZ, ARMANDO 1.2 NAME  
STREET ADDRESS 575 EAST CENTRAL AVE. 1.3 STREET ADDRESS  
CITY-ST-ZIP WINTER HAVEN FL 1.4 CITY-ST-ZIP  
TITLE S ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME JIMENEZ, ARMANDO 2.2 NAME  
STREET ADDRESS 575 EAST CENTRAL AVE. 2.3 STREET ADDRESS  
CITY-ST-ZIP WINTER HAVEN FL 2.4 CITY-ST-ZIP  
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
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NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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 on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)