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

**FILED** Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 530925 CARLOS SERRAO, M.D., P.A. Principal Place of Business Mailing Address 2140 W. 68TH STREET, STE. 309 2140 W. 68TH STREET. STE. 309 HIALEAH FL 33018 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/31/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1617019 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Žiρ Country This corporation owes or has paid the current year Intangible 24 Yes 25 30 Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name KURZER, MARTIN J. ESQ. 2400 FIRST FEDERAL BLDG. 82 Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVE. 83 **MIAM! FL 33131** 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 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS CRZE034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE SERRAO, CARLOS 1.2 NAME NAME 2140 W. 68TH ST. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME \* NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 100002459441 -03/17/98--01047--023 NAME 5.2 NAME + STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE

6.2 NAME

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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an addless. 1 12 60