## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

| EULOGIO S. JIMENEZ, M.D., P.A.  Principal Place of Business Mailing Address  |  |  |  |  |  |                                       |  |
|--|--|--|--|--|--|---------------------------------------|--|
| 3791 SW 14<br>Miami FL 3<br>US   |  | 3791 SW 142ND A<br>Miami Fl 33175<br>US                          | VE   |  | į  |                                       |  |
|  |  | 00   |  |  | 3. Date Incorporated or Qualified 07/01/1977   | 3a. Date of                           |  |
| '⊱ Principal P<br>   | lace of Business   | 2a. Mailing Address  |  |  | 4. FEI Number  | U5/1                                  | 0/1995<br>Applied For                        |
| Suite, Apt.  | #, etc.  | Suite, Apt #, etc.   |  |  | 59-1752214   |                                       | Not Applicab                                 |
| Crty & Stat  |  | 27]  |  |  | 5. Certificate of Status Desired   | <sub>□</sub> \$                       | 8.75 Additional<br>Fee Required              |
| - City G Olai  | ٠  | City & State   |  |  | 6. Election Campaign Financing   |                                       | 5.00 May Be                                  |
| Zip  | Country  | Zip  | Count  | ry   | Trust Fund Contribution  8. This corporation has liability for its   | L.:                                   | Added to Fees                                |
| ·- ····  | 25<br>9. Name and Address of Cut   | 29 29 Agent  | 30   | · · · · · · · · · · · · · · · · · · ·  | Florida Statutes Yes   | □ No                                  |  |
|  |  |  | 8  | 1 Name   | 10. Name and Address of New R  | egistered Age                         | nt   |
|  | z, Eulogio s.  |  | 8  |  | kons (B.O. Barrelland)   |                                       |  |
|  | V 142ND AVE<br>L 33175   |  |  |  | iress (P.O. Box Number is Not Acceptable   | le)                                   |  |
| MINORI E   | L 331/3  |  | 8:   | 3  | · · · · · · · · · · · · · · · · · · ·  | · · · · · · · · · · · · · · · · · · · |  |
|  |  |  | 84   |  |  | 85                                    | Zip Code                                     |
| District of the  | o the provisions of Sections 607 of  | 02 and 607 1508, Florido Ctol                                    |  |  |  | FL  °°                                | <u>                                     </u> |
| or register  | ed agent, or both, in the State of Fi  | korida Such change with a figi                                   | utes, the above  | -named corpor  | ration submits this statement for the pure   | open of phonois                       |  |
|  | ed agent, or both, in the State of Fl<br>n, and accept the obligations of, S | forida Such change was authorection 607.0505, Florida Statut     | utes, the above<br>rized by the cor<br>es.   | -named corpor<br>poration's boar   | ration submits this statement for the purp<br>rd of directors. I hereby accept the appo  | oose of changing<br>intment as regis  | g its registered offic<br>tered agent. I am  |
| SNATURE  | or a supply the Conguloria Of G  | ection 607.0505, Florida Statuti                                 | <del>0</del> \$.   |  | то образования проделя в п | oose of changing<br>intment as regis  | g its registered offic<br>tered agent. I am  |
| NATURE   | Sturetine, typed or printed name of registered as<br>OFFICERS A              | ection 607.0505, Florida Statuti                                 | 8S.<br>NOTE: Registered Age  |  | d when reinstating   | DATE DATE                             | tered agent. I am                            |
| SNATURE  | Stylinative, typical or perited name of registered as OF FICE RS /           | pool and their approache   | <del>0</del> \$.   | ent signature requirer   | то образования проделя в п | DATE  CERS AND DIRE                   | CTORS IN 12                                  |
| E  | OFFICERS / PSD JIMENEZ, EULOGIO S.   | perfield their argulable d AND DIRECTORS                         | NOTE: Registered Age   | ant signature required   | d when reinstating   | DATE DATE                             | CTORS IN 12                                  |
| E ADDRESS  | PSD JIMENEZ, EULOGIO S. 3791 SW 142ND AVE                                    | perfield their argulable d AND DIRECTORS                         | 95. NOTE Registered Ag. 13. 1.1 TITLE 12 NAME 13 STREE   | ent signature required   | d when reinstating   | DATE  CERS AND DIRE                   | CTORS IN 12                                  |
| NATURE   | OFFICERS / PSD JIMENEZ, EULOGIO S.   | perfield their argulable d AND DIRECTORS                         | 98.  NOTE: Registered Ag.  13.  1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY   | ont signature required  I ADDRESS  ST-ZIP  | d when reinstating   | CATE CERS AND DIRE                    | CTORS IN 12                                  |
| NATURE<br>E<br>F1 ADDRESS<br>- S1-ZIF  | PSD JIMENEZ, EULOGIO S. 3791 SW 142ND AVE                                    | Prof and only it acqueation of AND DIRECTORS  DELETE             | 95. NOTE Registered Ag. 13. 1.1 TITLE 12 NAME 13 STREE   | ont signature required  I ADDRESS  ST-ZIP  | d when reinstating   | DATE  CERS AND DIRE                   | CTORS IN 12                                  |
| E FLADDRESS LADDRESS   | PSD JIMENEZ, EULOGIO S. 3791 SW 142ND AVE                                    | Prof and only it acqueation of AND DIRECTORS  DELETE             | 9S.  13. 1.1 TITLE 12 NAME 13 STREE 1.4 CITY- 2.1 THLE   | F ADDRESS ST-ZIP   | d when reinstating   | CATE CERS AND DIRE                    | CTORS IN 12                                  |
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