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

PROFIT CORPORATION ANNUAL REPORT

1997



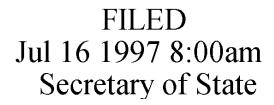
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 544408

(8)



ALBERT	O YONFA, M.D., P.A.											
Principal Place of Business			Mailing Address					I TORIZE BITCH GION BYOM RIGHT BRIDE BREE	alan dibu dib	11 010 01 0 131	il v ivia 2001	
117 W UNDER ORLANDO FL			117 W UNDERWOOD ST ORLANDO FL 32806-1111									
								3. Date Incorporated or Qualified 09/01/1977		of Last 7/1996	Report	
2. Principal P	Place of Business	2a.	2a. Mailing Address					4. FEI Number			Applied For	1
21		26	[26]					59-1760019			Not Applicable	,]
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22			27					5. Octanicate of blades bosined		Fee F	Required	
City & State			City & State					6. Election Campaign Financing			May Be	
Zip	Country	28	7 ₁ p	1 6	untry			Trust Fund Contribution			to Fees	-
24	25	 -1	(4p	30	uriuy			8. This corporation has liability for i			s. 199.032,	
9, Name and Address of Curre								Florida Statutes Yes No 10. Name and Address of New Registered Agent				
VOL			ou rigotii		81	Na	me	10, 114110 0141 144110	Biotolog 11			1
	NFA, ALBERTO				82	<u> </u>					,	_
	W. UNDERWOOD ST. ANDO FL 32808					Str	eet Addre	ess (P.O. Box Number is Not Acceptab	ıle)			
Uni	WADO LE 25000				83	ļ-—						┨
						L				,		
					64	Cit	У		FL	85 Zip	Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.6 registered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 60 ate of Florida digations of,	7.1508, Florida Statu n. Such change was Section 607.0505, FI	tes, the a authorize orida Sta	bove d by	1 0-nar 7 The 8	ned corp corporati	oration submits this statement for the pon's board of directors. I hereby accept		hanging ritment a	its registered s registered	
SIGNATURE												
	Signature, typied or printed name of registered					nt sig	ature require	ed when reinstating)	DATE		DO 111 40	ي إ
12.	T	AND DIREC	DIRECTORS DELETE					ADDITIONS/CHANGES TO OFFIC		Change		- 8
NAME	YONFA, ALBERTO					1.1 TITLE 1.2 NAME				_ Change	Addition	10
STREET ADDRESS	117 W. UNDERWOOD STRE	CT.				ADDRI	rc					3
CITY-ST-ZIP	ORLANDO FL	·1= 1		- 1	ITY-S		.33					100
TITLE	S		DELETE	2.1 [11-21				Change	Addition	-18
NAME	YONFA, ALBERTO		221						_			
STREET ADDRESS	117 W. UNDERWOOD STRE	FT				3 STREET ADDRESS						
CITY-ST-ZIP	ORLANDO FL					S1 - ZIP						
TITLE			DELFTE	3.1 T			_			Change	Addition	1
NAME				321	IAME					_		
STREET ADDRESS				335	TAEET	ADDRI	SS					-
CITY-ST-ZIP				3.4.	CHY-S	ST-ZIP	1					1
TITLE			DELETE	4.1 T	πŧ					Change	Addition	7
NAME				4. 2	NAME							
STREET ADDRESS				4.3 \$	TRECT	ADDRI	SS					ļ
CITY-ST-ZIP				4.4 (HYS	T-ZIP						
TITLE			☐ DELETE	511	TLE				T	Change	Addition	
NAME :				5.2 N	IAM{		- }					-
STREET ADDRESS				5.3 9	TREET	ADDRI	SS					ĺ
CITY-ST-ZIP					ny-s	T-ZIP						_
TITLE			DELE 1E	61T					L	_ Change	Addition	}
NAME					IAME		ĺ					
STREET ADDRESS				63 STREET AUDRES			SS					
CITY-ST-ZIP				6.4 0	HY-S	T-ZIP						

14. I do 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 eath; 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 address.

SIGNATURE: