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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **547625**

1. Corporation Name
ISIDORO GUN, M.D., F.A.C.S., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 404 EAST ATLANTIC BOULEVARD SUITE 101 POMPANO BEACH FL 33060 US
 Mailing Address: 404 EAST ATLANTIC BOULEVARD SUITE 101 POMPANO BEACH FL 33060 US

3. Date Incorporated or Qualified
09/26/1977

2. Principal Place of Business: 21 **7421 N. University Dr.** Suite, Apt. #, etc. **306** City & State **Tamarac, FL** Zip **33301** Country **Broward**
 2a. Mailing Address: 26 **7421 N. University Dr.** Suite, Apt. #, etc. **306** City & State **Tamarac, FL** Zip **33301** Country **Broward**

4. FEI Number **59-1767794** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ROSENTHAL, STUART S ESQ
404 EAST ATLANTIC BOULEVARD
SUITE 101
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent
 81 Name **Isidoro Gun**
 82 Street Address (P.O. Box Number is Not Acceptable) **7421 N. University Dr.**
 83 **Suite #306**
 84 City **Tamarac** FL 85 Zip Code **33321**

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]* **Isidoro Gun, President** DATE **3/18/99**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GUN, ISIDORO M.D.
STREET ADDRESS	7421 N. UNIVERSITY DR.
CITY-ST-ZIP	TAMARAC FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	, Suite #306
1.4 CITY-ST-ZIP	, 33321
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 address, with all other like empowered.

SIGNATURE: *[Signature]* **Isidoro Gun** DATE **3/18/99**

CR2E034 (11/98)