FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90247 039 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 548200

Mailing Address Mailing Ad	CARLOS	CARRASQUILLA, M.D., F.	A.C.S., P.A.						
SUITE 101 PONDPAND BEACH FL 3000 US S. Data Incorporated or Qualified 10/03/1977 2. Principal Place of Business 2. Analing Address 4. File Number Applied For 10/03/1977 Solts, Apl. F. etc. Suita. Apl. F. etc. Suita. Apl. F. etc. Scattled of Status Desired Research City & State Scattled of State & State Research City & State	Principal Plac	e of Business	Mailing A	ddress			T INDIAL ONEN NORF INTEN HALL SALEN NORT MINI	TARBLI BIBIL BLACK	Bieti alalı lakı
2. Principal Place of Business 2a. Mainty Address 5. Principal Place of Business 2a. Mainty Address 5. Principal Place of Business 2a. Mainty Address 5. Certificate of Salutus Desired 5. Certificate of Salutus Desired 58.75 Additional Fee Required 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 5. Certificate of Salutus Desired 55.00 May Be Added to Fees 55.00	404 E. ATLANTIC BLVD. SUITE 101 POMPANO BEACH FL 33060 SUITE 101 POMPANO BEACH FL 33060						3. Date Incorporated or Qualifed		
25	2 Principal P	lace of Rusiness	2a. Mailin	g Address	 .			A	pplied For
Surie, Apri. R. etc. Surie, Apri. R. etc.	— `	lace of business	} — ,	g			59-1767252	N	ot Applicable
City & State City & State	Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired		
28				State			6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip Country S. This comporation ones the current year Intendigible Personal Property Tax. Yes	23		28				Trust Fund Contribution	Added	to Fees
ROSENTHAL, STUART S ESO. 404 E. ATLANTIC BLVD. SUITE 101 POMPANO BEACH FL 33060 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 (502 and 607 1508. Florida Statutes. 12. Signature types and special private accept the obligations of, Section 607 (505). Florida Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE Signature types and special private accept the obligations of, Section 607 (505). Florida Statutes. 14. OFFICERS AND DIRECTORS THE Signature types to private accept the obligations of, Section 607 (505). Florida Statutes. 15. OFFICERS AND DIRECTORS THE Signature types to private accept the obligations of, Section 607 (505). Florida Statutes. 15. OFFICERS AND DIRECTORS THE Signature types and the statement for the purpose of changing its registered agent special private accept the appointment as registered accept a special private accept the appointment as registered accept and accept the appointment as registere		Country	Zip		_ `				.
ROSENTHAL, STUART'S ESQ. 404 E. ATLANTIC BLVD. SUITE 101 POMPANO BEACH FL 33060 82 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 Tit Remains within this statement for the purpose of changing its registered office or registered agent, an both, in the State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS 11 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. CITY ST. 2P 15. TITLE 15. CARRASQUILLA, CARLOS MD 15. STREET ADDRESS 15. CITY ST. 2P 15. CITY ST.	24				0				ALINO
ROSENTHAL, STUART S ESQ. 404 E. ATLANTIC BLVD. SUITE 101 POMPANO BEACH FL 33060 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Sections Statutes. SIGNATURE Signature, typed or privated name of registered agent and title in the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607 0505, Fiorida Statutes. SIGNATURE Signature, typed or privated name of registered agent and district agent agent and district agent and district agent and district agent agent agent and district agent agent and district agent age		9. Name and Address of Curr	ent Registered A	Agent	04	Nome	10. Name and Address of New Registere	u Agem	
SUITE 101 POMPANO BEACH FL 33060 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 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, 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, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named operation submits this statement for the purpose of changing its 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, 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, or both in the financial part of the purpose of changing its registered agent, or both in the purpose of change in the state of the purpose of change in the state of the purpose of changing its registered agent, or both in the purpose of change in the state of the purpose of changing its registered agent, or both in the purpose of changing its registered agent, or both in the state of the purpose of changing its registered agent. 12. Cofficers and the purpose of changing its registered agent. 13. STREET ADDRESS 13. STREET ADDRESS 14. CITY ST. 2P 15. TITLE 15							dress (P.O. Box Number is Not Acceptable)	 -	
POMPANO BEACH FL 33060 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 change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Studies agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, agent, 1 am familiar with, and accept the obligations of Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered orders agent,					83				
Section Sect									
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 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, 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, 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, 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, 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, or both, in the statement for the purpose of changing its registered agent. Or both in the statement for the purpose of changing its registered agent, or both, in the statement for the purpose of changing its registered agent. Or both, in the statement for the purpose of changing its registered agent. Or both in the appointment as registered agent. Or both in the statement for the purpose of change placetiment agent and the registered agent. Or both in the corporation's board of directors. In the corporation's board of directors. In the special agent, or both in the purpose of change placetiment agent and the registered agent and tide if application. Or of the corporation's board of directors. In the corpo					84 City		F	L 85 Zip	Code
Signature, typed on printed anamy of registerest apparts and time of applicables (vicities registered apparts and time of applicables) 13.	office or s agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli-	te of Florida, Suc gations of, Section	in change was aut in 607.0505, Florid	norized by la Statutes	the corpora	ation's board of directors. Thereby accept the app	ointment as re	egistered
TITLE						t signature requ	and when remaining,	AND DIRECT	ORS IN 12
NAME CARRASQUILLA, CARLOS MD 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY-S		т	AND DIRECTOR			Į.	ADDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS 4900 W. OAKLAND PARK BLVD.		1	n	_ occere		ĺ		_ ,	_
CITY-ST-ZIP		1				LADORESS			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.4 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE STREET ADDR			,VD.						
NAME		LAUDENDALE CARES FL		DELETE		1-21		Change	☐ Addition
2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					2.2 NAME				
2.4 CITY-ST-ZIP					2.3 STREE	T ADDRESS			_
TITLE					2.4 CITY-8	ST-ZIP			
STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				☐ DELETE	3.1 TITLE			Change	☐ Addition
CITY-ST-ZIP	NAME				3.2 NAME				
TITLE	STREET ADDRESS				3.3 STREE	TADDRESS			
NAME NAME \$TREET ADDRESS \$CITY-ST-ZIP TITLE DELETE 51 TITLE NAME \$52 NAME \$53 STREET ADDRESS \$53 STREET ADDRESS \$54 CITY-ST-ZIP TITLE DELETE \$61 TITLE Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition	CITY-ST-ZIP					ST-ZIP			A A A A A A A A A A A A A A A A A A A
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME	TITLE			☐ DELETE				[_] Change	
A GITY-ST-ZIP	NAME								•
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME CASTREET ADDRESS CASTREET ADDRESS CASTREET ADDRESS	STREET ADDRESS								
NAME			·· ·	[] perere	-	T-ZIP	-	Channe	☐ Addition
STREET ADDRESS	•			☐ DETE LE					
STACITY-ST-ZIP	•					T ADDRESS			
TITLE DELETE 6.1 TITLE Change Addition	ì					i			
NAME 6.2 NAME 6.3 STREET ANDRESS				DELETE		1-ZIF		Change	Addition
NAME CASTRET AND ESC					1	.			_
	NAME STREET ADDRESS				1	T 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

OFFICER OR DIRECTOR

CARLOS CARRASQUILLA, M.D. President

954-739-5531

Date 3-5-99 Daytime Phone #