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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 564037

(0)

ALBERT A. NARCIS, M.D., P.A.

FILED May 14 1998 8:00am Secretary of State

	TA TANTOIO, WILL, TIA				
Principal Plac	ce of Business	Mailing Address			
% PEORO P.	DELGADO, CPA	% PEDRO P. DELG.	ADO, CPA		
1320 S. DIXIE	E HIGHWAY. SUITE 220	1320 S. DIXIE HIGH	WAY. SUITE 220		
CORAL GABL	LES FL 33146	CORAL GABLES FL	33146		ITE IN THIS SPACE
				3. Date Incorporated or Qualifie	·a
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	11/30/1977 4. FEI Number	Applied For
	72 04W2 Z		DX 14393		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc	····		\$9.75 Additional
- SV	ite 101	27		5. Certificate of Status Desired	Fee Required
City & Stat	``_ ' 1 1	Sity & State	GALles, FL	6. Election Campaign Financing	\$5.00 May Be
23	1 AM, FL			Trust Fund Contribution	Added to Fees
ភាភិបល	55 Country S A	33114	Country	B. This corporation owes or has	
24 -5 5 1	9. Name and Address of Current		30 W.S.F	Personal Property Tax due Ju 10. Name and Address of New	
DE	LGADO, PEDRO P CPA		81 Name		Troglatered Agent
	20 6. DIXIE HWY #220				
	PRAL GABLES FL 33146		82 Stree	t Address (P.O. Box Number is Not Accep	table)
	TO STOLED I E COTTO		63		
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607.1508, Florida S of Florida, Such change	Statutes, the above-name was authorized by the co	d corporation submits this statement for th irporation's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
agentia	im ramiliar with and accept the obliga	tions of, Section 607 050	5, Florida Statutes.		
	- 11/2 1 111 //1/	1444 //			
SIGNATURE	State of the Mathewall will be	La tana		re required when reinstating)	DATE
	South Told Walker of the OFFICERS AND	D DIRECTORS	(NOTE Registered Agent signate		DATE FICERS AND DIRECTORS IN 12
SIGNATURE	MD	D DIRECTORS DELETE	(NOTE Registered Agent signature) 13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
SIGNATURE	MD NARCIS, ALBERT A.		(NOTE Registered Agent signatu	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE	MD NARCIS, ALBERT A. 20838 SW 118 PLACE		(NOTE Registered Agent signature) 13. 1.1 TITLE	ADDITIONS/CHANGES TO OF MD NARCIS Albert LD35 \$W 40 5	FICERS AND DIRECTORS IN 12 Change Addition T. # 101
SIGNATURE 12. TITLE NAME STREET ADDRESS CHY-ST-ZIP	MD NARCIS, ALBERT A.	☐ DÉLETE	(NOTE Registered Agent signature) 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-2IP	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 A . Change Addition T. # 101
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1. Indeedy 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 suppliemental 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 frustee 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 of an untaching it with an address.

45010D (365)569-074