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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

LAZARO A. HERNANDEZ, M.D., P.A.

**FILED** Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										91811 E1811 1881	
2309 W. MARTIN LUTHER KING JR. BOULEVARD SUITE 1 TAMPA FL 33607 US				2309 W. MARTIN LUTHE KING JR. BOULEVARD SUITE 1 TAMPA FL 33607 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
- Bi			1 2	Mailine Address				09/01/1978		Applied For	
2. Principal Place of Business				ı. Mailing Address İ	•			4. FEI Number	Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				59-1840320		5 Additional	
22				27				5. Certificate of Status Desired Fee Required			
City & State				City & State				6. Election Campaign Financing\$5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
—₁ Zip	Country			Zip Country			<i>'</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No			
24	25 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20				Agent 30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
							Name	10. (14.11)			
HERNANDEZ, LAZARO A. 2309 W. MARTIN LUTHER KING, JR. BOULEVARD SUITE 1						82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
						83					
TAMPA, FL 33607											
						84	City	FL	<b>85</b> Z	Zip Code	
11. Pursuant to the provisions of Soctions 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)  DATE											
12.	Olgranie, typou	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
TITLE	PD			☐ DELET	E 1.1	TLE			Chang	ge Addition	
HAME HERNANDEZ, LAZARO A.				<b>.</b> .		IAME					
STREET ADDRESS 2309 W. MARTIN LUTHER KING				G JR., BOULEVARD 1.38			ADDRESS				
CITY-ST-ZIP	TAMPA I	<u>FL</u>					ST-ZIP		T Above		
TITLE				☐ ĐELET					Chang	ge L. Addition	
NAME						IAME					
STREET ADDRESS							I ADDRESS				
CITY-ST-ZIP				DELET			ST-ZIP		Chanc	ge Addition	
TITLE NAME						in.e Iame				g- 6	
STREET ADDRESS							I ADDRESS			]	
CITY-ST-ZIP							ST- 21P			- [	
TITLE				DELET		TLE			Chang	ge Addition	
NAME					4. 2	NAME					
STREET ADDRESS					4.3	TREET	r address				
CITY-ST-ZIP						HY-S	ST - ZiP				
TITLE				DELET	E 5.1	ITLE			Chang	ge [] Addition	
NAME					5.2	AMÉ				]	
STREET ADDRESS					5.3	TREET	r address				
CITY-ST-ZIP		·····					ST-ZIP		105	an Addition	
TITLE				☐ DEFE		TLE			Chang	ge L. Addition	
NAME	•					IAME					
STREET ADDRESS							F ADDRESS				
CITY-ST-ZIP					6.4	CITY-S	ST-ZIP	Casting 110 07(2)(i) Florida Ctatular Liberther of	- utif sh - b	the information	

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 attackment with an address.