

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999




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

FILED
Jul 21, 1999 8:00 am
Secretary of State
07-21-1999 90008 026 ***558.75

DOCUMENT # 600117
1. Corporation Name
BROWN, DAVILA, KHAN, RODRIGUEZ, RUIZ, WEINSTEIN,
WHIRLEY-DIAZ & DE MOYA, M.D.'S, P.A.

Principal Place of Business	Mailing Address
2701 LEJEUNE ROAD SUITE #409 CORAL GABLES FL 33134	2701 LEJEUNE ROAD SUITE #409 CORAL GABLES FL 33134

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/16/1962	
City & State		City & State		4. FEI Number	
Zip		Zip		59-0968885	
Country		Country		Applied For	
25		29		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
BREIER, ROBERT G ESQ 1320 S. DIXIE HWY. #820 CORAL GABLES FL 33146				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIRLEY-DIAZ, JENNIFER	1.2 NAME	
STREET ADDRESS	2701 LEJEUNE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVILA, JOSE	2.2 NAME	
STREET ADDRESS	2701 LEJEUNE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GEORGE E.	3.2 NAME	
STREET ADDRESS	2701 LEJEUNE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, JORGE R	4.2 NAME	
STREET ADDRESS	2701 LEJEUNE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, JOSE A	5.2 NAME	WEINSTEIN, BRUCE H
STREET ADDRESS	2701 LEJEUNE ROAD	5.3 STREET ADDRESS	2701 LEJUENE ROAD
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	CORAL GABLES FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, MICHAEL	6.2 NAME	
STREET ADDRESS	2701 LEJEUNE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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 in an attachment with an address.

SIGNATURE: _____ 7/15/99 305-448-9018

CR2E034 (5/99)