

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

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

05-11-1999 90038 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 603380

1. Corporation Name
FRANCISCO G. TUDELA, M.D., P.A.



Principal Place of Business: 777 E 25TH ST. #106 HIALEAH FL 33013
 Mailing Address: 777 E 25TH ST. #106 HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2a. Mailing Address
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country
 25 Country
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country
 30 Country

3. Date Incorporated or Qualified: 02/07/1972
 4. FEI Number: 59-1389214 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
TUDELA, FRANCISCO G.
777 E. 25 ST. #106
HIALEAH FL 33013

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 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
 TITLE: PD DELETED
 NAME: TUDELA, FRANCISCO G.
 STREET ADDRESS: 4820 SW 87TH AVE
 CITY-ST-ZIP: MIAMI FL
 TITLE: D DELETED
 NAME: TUDELA, JOSEFA
 STREET ADDRESS: 4820 SW 87TH AVE
 CITY-ST-ZIP: MIAMI FL
 TITLE: DELETED
 NAME: DELETED
 STREET ADDRESS: DELETED
 CITY-ST-ZIP: DELETED
 TITLE: DELETED
 NAME: DELETED
 STREET ADDRESS: DELETED
 CITY-ST-ZIP: DELETED
 TITLE: DELETED
 NAME: DELETED
 STREET ADDRESS: DELETED
 CITY-ST-ZIP: DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: PD Change Addition
 1.2 NAME: TUDELA JR. FRANCISCO G.
 1.3 STREET ADDRESS: 9370 BALADA ST.
 1.4 CITY-ST-ZIP: CORAL GABLES FL 33156
 2.1 TITLE: D Change Addition
 2.2 NAME: TUDELA MERCEDES
 2.3 STREET ADDRESS: 9370 BALADA ST
 2.4 CITY-ST-ZIP: CORAL GABLES FL 33156
 3.1 TITLE: Change Addition
 3.2 NAME: DELETED
 3.3 STREET ADDRESS: DELETED
 3.4 CITY-ST-ZIP: DELETED
 4.1 TITLE: Change Addition
 4.2 NAME: DELETED
 4.3 STREET ADDRESS: DELETED
 4.4 CITY-ST-ZIP: DELETED
 5.1 TITLE: Change Addition
 5.2 NAME: DELETED
 5.3 STREET ADDRESS: DELETED
 5.4 CITY-ST-ZIP: DELETED
 6.1 TITLE: Change Addition
 6.2 NAME: DELETED
 6.3 STREET ADDRESS: DELETED
 6.4 CITY-ST-ZIP: DELETED

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]* DATE: 4/13/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)