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

### PROFIT WA CORPORATIO ANNUAL REPO 1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 604347

1. Corporation Name

FIDEL J. QUINTANA, M.D., P.A.

# **FILED** Jan 22, 1999 8:00am Secretary of State 01-22-1999 90057 019 \*\*\*150.00



Applied For Suite, Apt. #, etc.    City & State   Cuntry   State   Cuntry   State   Street Address   Street							ANT BURN BURN BURN IN DE	
Applied For   Sections   Section   Sections   Section	Principal Place of Business Mailing Address							
Delete   D	2901 S.W. 8TH ST. #206 2901 S.W. 8TH ST. #206							
3. Date Incorporated or Qualified  05/22/1973  22. Mailing Address 24. FEI Number 25. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State 27. City & State 28. Country 29. Suite Address & Frust Fund Contribution 29. Trust Fund Contribution 29. Suite Added to Fees 29. Suite Address & Frust Fund Contribution 29. Suite Added to Fees 29. Suite Address & Frust Fund Contribution 20. Suite Fund Contribution 20.	MIAMI FL 3313	<b>15</b>	MIAMI FL 33135					
DS/22/1973   Applied For   Spirit Agric   Spirit   Spirit Agric   Spirit   Spirit Agric   Spirit   Spir						DO NOT WRITE IN THIS SPA	.CE	
2a. Mailing Address   4. FEI Number   Applied For Sp-1438728   Solite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required   S. Certificate of Status Desired   S. S. 50.0 May Be Added to Fee Required   S. S. 00 May Be Added to Fee Required   S. S. 00 May Be Added to Fee Regulary   S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S. S. Trust Fund Contribution   S. S. 00 May Be Added to Fee Regulary   S.	ı		•			3. Date Incorporated or Qualifed		
Suite, Apt. #, etc. 27		5.8.254				05/22/1973		
Sule, Apt. #, etc.    27   City & State   City & City	2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
Sule, Apt. #, etc.    27   City & State   City & City	21		26			59-1438728	Not Applicable	
27   S. Certificate of Status Desired   Fee Required	Suite, Apt.	# etc.	<del></del>				<del></del>	
City & State  28  City & State  29  So  Country  As a service of Country  Ball Name  Ball Name  Ball Name  Ball City  FL  Ball City  Ball City  FL  Ball City  FL	22		<b>├</b>			5. Certifcate of Status Desired		
Trust Fund Contribution   Addition   Addit	City & Stat	n Cita		<del></del>		a Floring Commission		
Step	<b>—</b> '		<b>├</b> ┐ ′				•	
reas of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Zi	23 Zin	- A.131,004	<del> </del>	Countr				
10. Name and Address of New Registered Agent	Zip	Country	h	<b>-</b>	′		ile 📈	
Street Address (P.O. Box Number is Not Acceptable)	24	25	<del></del>	30]				
Street Address (P.O. Box Number is Not Acceptable)			Registered Agent		т	10. Name and Address of New Registered Ager	it	
83 84 City FL 85 Zip Code  cotions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered thin in the State of Florida; Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of, Section 607.0505, Florida Statutes.  (NOTE: Registered Agent signature required when reinatistic)  DATE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    DELETE	O III			81	Name	•		
83 84 City FL 85 Zip Code  cotions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered thin in the State of Florida; Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of, Section 607.0505, Florida Statutes.  (NOTE: Registered Agent signature required when reinatistic)  DATE OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    DELETE		NTANA, FIDEL J		82	Street A	Address (P.O. Box Number is Not Acceptable)		
B4 City FL 85 Zip Code  ceptions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to provide the obligations of, Section 607.0505, Florida Statutes.  (NOTE: Registered Apent signature required when reinastating)    DATE		SW 3 ST.	•					
Change   Addition	··· MIAI	MI FL 33134		83				
Change   Addition			•					
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If in the Sation of Profess Such 607-0505, Florida Statutes.    The obligations of, Section 607-0505, Florida Statutes.	ACCOMPANIES OF THE PROPERTY OF							
coept the obligations of, Section 607.0505, Florida Statutes.  me of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating)	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.							
DELETE   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	agent. I am familiar with; and accept the obligations of, Section 607.505, Florida Statutes.							
DELETE   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE							
DELETE	SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager	nt signature req	quired when reinstating) ' DATE		
12 NAME	12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	TITLE	PD	☐ DELETE	1,1 TITLE			Change	
1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	NAME	QUINTANA, FIDEL J		1.2 NAME				
14 CITY-ST-ZIP	STREET ADDRESS	5310 SW 3 ST		13 STREET	LAUDBESS			
DELETE   2.1 TITLE     Change   Addition   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP     Change   Addition   3.2 NAME   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP     Change   Addition   4.2 NAME   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP     DELETE   5.1 TITLE   Change   Addition   Addition   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP     DELETE   5.1 TITLE   Change   Addition   Addition   Change   Addition   A		MIAMI FL						
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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: