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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 604756



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90093 031 \*\*\*150.00

| MARCOS                                                                                                                                                                                                                                                                                                                                                        | S A. ZEQUEIRA M.D., P.A.                                                                                                                                      |                                                                                                             |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                     |                                                   |
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| 7100 W. 20TH /                                                                                                                                                                                                                                                                                                                                                | AVE.                                                                                                                                                          | 7100 W. 20TH AVE.                                                                                           | * .                                                                                                                                                    |                                                                                                                                                                                                                                 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Name and Address of Currer                                                                                                                                 | nt Registered Agent                                                                                         |                                                                                                                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                             | 10. 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(NOT ND DIRECTORS                              | E: Registered                                                                                                                                          | d Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE          |                     | TORS IN 12                                        |
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12                                        |
| agent. I at SIGNATURE  12.  TITLE  NAME                                                                                                                                                                                                                                                                                                                       | Signature, typed or printed name of registered age OFFICERS AN P ZEQUEIRA, MARCOS                                                                             | ations of, Section 607.0505, Floring and bile if applicable. (NOT ND DIRECTORS                              | E: Registered 13. 1.1 Ti                                                                                                                               | d Agent :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | signature req                                                                               | uired when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE          | ID DIREC            | TORS IN 12                                        |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                                                                          | Signature, typed or printed name of registered age OFFICERS AN P ZEQUEIRA, MARCOS 7100 W 20TH AVE STE 806                                                     | ations of, Section 607.0505, Floring and bile if applicable. (NOT ND DIRECTORS                              | E: Registered<br>13.<br>1.1 Ti<br>1.2 N<br>1.3 S                                                                                                       | d Agent :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | signature req                                                                               | uired when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE          | ID DIREC            | TORS IN 12                                        |
| agent. Tai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                               | Signature, typed or printed name of registered age OFFICERS AN P ZEQUEIRA, MARCOS 7100 W 20TH AVE STE 806 HIALEAH FL                                          | ations of, Section 607.0505, FI ant and title if applicable. (NOT ND DIRECTORS DELETE                       | E: Registered 13. 1.1 Ti 1.2 N 1.3 S 1.4 C                                                                                                             | d Agent : ITLE IAME TREET A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | signature req                                                                               | uired when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE          | ID DIREC            | TORS IN 12                                        |
| agent. Tai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                                                                         | Signature, typed or printed name of registered age OFFICERS AN P ZEQUEIRA, MARCOS 7100 W 20TH AVE STE 806 HIALEAH FL D                                        | ations of, Section 607.0505, Floring and bile if applicable. (NOT ND DIRECTORS                              | E: Registerec<br>13.<br>1.1 TI<br>1.2 N<br>1.3 S<br>1.4 C<br>2.1 TI                                                                                    | d Agent : ITLE IAME ITREET A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | signature req                                                                               | uired when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE          | ND DIREC<br>☐ Chang | TORS IN 12                                        |
| agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                                                                   | Signature, typed or printed name of registered age OFFICERS AN P ZEQUEIRA, MARCOS 7100 W 20TH AVE STE 806 HIALEAH FL D CAMPBELL, DONNA                        | ations of, Section 607.0505, FI ant and title if applicable. 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| Agent. Tai  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME                                                           | Signature, typed or printed name of registered age OFFICERS AN P ZEQUEIRA, MARCOS 7100 W 20TH AVE STE 806 HIALEAH FL D CAMPBELL, DONNA 7100 W 20TH AVE, \$806 | ations of, Section 607.0505, Find and title if applicable. (NOT NO DIRECTORS DELETE  DELETE  DELETE  DELETE | E: Registerec  13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 6.1 TI 6.2 N | A Agent of A | ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS | uired when reinstaiting) ADDITIONS/CHANGES TO O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE          | DDIREC Chang        | TORS IN 12 le Addition le Addition le Addition    |

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 for on an attachment with an address with all other like empowered.

SIGNATURE: