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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 652612

(3)

JUAN SAUER, M.D., P.A.

SIGNATURE: ₹

FILED									
Feb 27 1997 8:00am									
Secretary of State									

Principal Place of Business 1802 BELLEVUE AVENUE SUITE 102 ORLANDO FL 32806		Mailing Address 1802 BELLEVUE AYENUE SUITE 102 ORLANDO FL 32806-2933							
						3. Date Incorporated or Qualific 01/17/1980	<b>I</b>	Date of Last R 3 <b>/05/1996</b>	eport
2. Principal F	Place of Business	2a. Mailing Address	······································			4. FEI Number	<u>yv</u>		oplied For
21		26				59-1967341		No	ot Applicable
Surte, Apt	#, etc	Suite, Apt. #, etc	).			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Stat	0	City & State				6. Election Campaign Financing	3	\$5.00	May Be
23		28				Trust Fund Contribution		Added	
Zip 24	Country 25	Zip <b>29</b>	30 Cour	ntry		8. This corporation has liability Florida Statutes	Yes	□ No	. 199.032,
	9, Name and Address of Curr	ent Registered Agent		a		10. Name and Address of New	Registered	d Agent	
	ier, Juan, M.D.			B1	Name				
	2 BELLEVUE AVE.			82	Street Addre	ess (P.O. Box Number is Not Accep	otable)		
	. 102		•	83	<del></del>	<del> </del>			
ONL	ANDO FL 32806								
•				84	City		FI	85 Zip	Code
office or lagent Ta	to the provision and Sections 607.0 registered agent/or both, in the Starm familiar with land abort the obl	te of Florida Such change rgations of Section 607.050	•			oration submits this statement for tron's board of directors. I hereby ac	ne purpose scept the ap	or changing it	registered
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS AN		
THLE	P /	☐ DELET	TE 1.1 TIT	TLE				Change	Addition
NAME	SAUER, JUAN, M.D.		1.2 NA						
STREET ADDRESS	1802 BELLEVUE AVE. #102				DDRESS				
Cut (- ST-ZIP	ORLANDO FL	☐ DELE1		TY-ST-	ZiP			☐ Change	Addition
TILE		ויין טבונו	[E 21 TI] 2.2 NA					C Change	L] Addition
NAME STREET ADORESS	1				DDRESS .				
CHY-ST-ZIP				ITY-ST			•		
THLE		☐ DELET						Change	Addition
NAME			3 2 N	AME					
STREET ACORESS			3351	REET A	DDRESS				
CDY-SI-ZIP		)- 4- to		iTY-ST	-ZIP				- A - 199
TITLE		DELET						Change	☐ Addition
NAME			4.2 N		DE DEDO				
STREET ADDRESS					DDRESS				
Ony St-Zip		DELET		TLF	- 211			Change	Addition
NAME		Print.	52 NA						
STREET ADDRESS					DORESS				
CITY ST-762				TY-ST	1				
1:114		DELE						Change	Addition
NAME			6.2 NA	AME					
STHEET ADDRESS					DDRESS				

64 CITY-SI-72P

14. Edo hereby certify that the information supplied with this filing does not qualify for tife 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 receivity or trouted 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.

Date

Daytime Phone #