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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 660841** 

(8)

**FILED** 

Feb 26 1998 8:00am

Secretary of State

DANIEL  Principal Place	E. JACOME, M.D., P.A.	Mailing A	ddress							
7100 W20TH A HIALEAH FL 3	GREENFI	75 MEADOW WOOD DRIVE Greenfield ma 01301 US				DO NOT WRITE IN THIS SPACE				
		••					3. Date Incorporated or Qualified 03/20/1980			
2. Principal Pl	ace of Business	2a. Mailm	g Address				4. FEI Number			oplied For
21	<u> </u>	26	A #				59-1983190		\$8.75 /	ot Applicable
Suite, Apt.:	<b>π, €</b> (C.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee Re	
City & State	)	·	State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	
Ziρ ──	Country	Zip -23		Coun	ilry		8. This corporation owes or has p			tangible No
24	25 g. Name and Address of Current	[29] t Registered A	Agent	30]			Personal Property Tax due Juni 10. Name and Address of New Re			_ NO
۱۵۱.	COME, DANIEL E, MD, PA			-	81	Name				
7100 W 20TH AVE, STE 404						Street Addre	dress (P.O. Box Number is Not Acceptable)			
	METTO GENERAL MEDICAL CTF	7								
HIA	LEAH FL 33016			'	83					
				ļī	84	City		FI	85 Zip i	Code
44 Dureugrat I	to the provisions of Sections 607.0503	2 and 607 150	R Florida Stati	utes the ab	OVP.	named corne	pration submits this statement for the	DUITDOSE	of changing it	s registered
office or re	ogistered agent, or both, in the State on familiar with, and accept the obligations.	of Doncia Sur	sh chance was	cauthorized	nu i	the comorate	on's board of directors. I hereby acce	pt the ap	pointment as	registered
SIGNATURE	Signature, typical is printed made of registered ago:	ot and thic it my lic.	льы: <u>—</u> (NC	OTE Registered	Agen	t signature require	d when reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFI	CERS AN		RS IN 12
TITLE	PSD		DELETE	1.1 TITU					Change	Addition
NAME	JACOME, DANIEL E			1.2 NAM						
STREET ADDRESS	7100 W 20TH AVE, STE 401 HIALEAH FL					ADDRESS				
CITY-SI-ZIP TITLE	NALEAN FL		DELETE	1.4 CIT		- ZIP			Change	Addition
NAME				2.2 NAM						
STREET ADDRESS				4		ADORESS				
CITY-ST-ZIP				2. 4 CIT	IY-ST	r - ZIP				
TITLE			DELETE	3.1 TITL				1.	☐ Change	Addition
NAME				3.2 NAM	ME					
STREET ADDRESS				3.3 STR	REETA	ADDRESS				
CITY - ST - ZIP			Destat	3.4. CIT		I - ZIP			Change	Addition
TITLE			☐ DELETE	4.1 TITE					Change	LJ MODICON
NAME				4. 2 NA		I DODDE CO				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CIT	_	- EIP			Change	Addition
NAME				5.2 NAA						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				5.4 CIT						
TITLE			DELETE	6.1 TITI					Change	Addition
NAME				6.2 NA	ME					
STREET ADDRESS				6 3 SYR	REET A	ADDRESS				
CITY-ST-ZIP				6.4 CIT	Y-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 an or an attraction with an address.

SIGNATURE

DANIEL E. JACOME