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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 672155

1. Corporation Name
JOAQUIN FUNDORA, M.D., P.A.

Principal Place of Business

5539 SW 8 STREET
SUITE 200
MIAMI FL 33134
US

Mailing Address

5539 SW 8TH STREET
SUITE 200
MIAMI FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1980

4. FEI Number

59-2000087

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

2. Principal Place of Business

21 9745 SW 4 TERRACE
Suite, Apt. #, etc.

2a. Mailing Address

26 9745 SW 4 TERRACE
Suite, Apt. #, etc.

City & State

23 MIAMI FLORIDA

City & State

28 MIAMI FLORIDA

Zip Country

24 33174-1944 25 USA

Zip Country

29 33174-1944 30 USA

9. Name and Address of Current Registered Agent

FUNDORA, JOAQUIN
5539 SW 8TH STEET
SUITE 200
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name JOAQUIN FUNDORA
82 Street Address (P.O. Box Number is Not Acceptable) 9745 SW 4 TERRACE
83
84 City MIAMI FL 85 Zip Code 33174-1944

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

Joaquin Fundora

03/05/1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME FUNDORA, JOAQUIN
STREET ADDRESS 5539 SW 8TH STEET, SUITE 200
CITY-ST-ZIP MIAMI FL

1.1 TITLE DP
1.2 NAME FUNDORA, JOAQUIN
1.3 STREET ADDRESS 9745 SW 4 TERRACE
1.4 CITY-ST-ZIP MIAMI- FL 33174-1944

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joaquin Fundora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/1999

Date

Daytime Phone #

CR2E034 (1/198)