

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90087 011 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **683559**

1. Corporation Name
DIAZ-CRUZ, M.D., P.A.



Principal Place of Business
 7550 RED ROAD
 SUITE 111
 SOUTH MIAMI FL 33143

Mailing Address
 7550 RED ROAD
 SUITE 111
 SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
09/29/1980

4. FEI Number
59-2044605

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

9. Name and Address of Current Registered Agent
DIAZ-CRUZ, CANDIDO F.
7550 SW 57TH AVENUE
SUITE #111
SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
9850 SW 68th St.
 83
 84 City **MIAMI** FL 85 Zip Code **33173**

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 *[Signature]* DATE **1-31-99**

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ-CRUZ, CANDIDO F	
STREET ADDRESS	299 ALHAMBRA CIR #517	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ-CRUZ, CANDIDO F.	
STREET ADDRESS	299 ALHAMBRA CIR #517	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	DIAZ-CRUZ, CANDIDO	
STREET ADDRESS	7550 SW 57 AVE	
CITY-ST-ZIP	SUITE 111	
TITLE	SOUTH MIAMI FL-33143	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAZ-CRUZ, MARIA	
STREET ADDRESS	7550 SW 57 ave	
CITY-ST-ZIP	SUITE 111	
TITLE	SOUTH MIAMI FL 33143	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9850 SW 68th St.
1.4 CITY-ST-ZIP	MIAMI, FL 33173
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9850 SW 68th St.
2.4 CITY-ST-ZIP	MIAMI, FL 33173
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lists empowered.

SIGNATURE: *[Signature]* DATE **1-31-99** DAYTIME PHONE # **305-663-1075**

CR2E034 (11/98)