## 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 # 687797

(1)

MANUEL M. FIESTA, M.D., P.A.

## FILED Apr 09 1997 8:00am Secretary of State

Principal Place C/O 1048 E WA MANUEL M. FIE: LAKELAND FL 3	ILNUT ST Sta, M.D.	Mailing Address C/O 1048 E WALNUT ST MANUEL M. FIESTA. M.D. LAKELAND FL 33801	C/O 1048 E WALNUT ST MANUEL M. FIESTA. M.D.							
						<ol> <li>Date Incorporated or Qualified 09/15/1980</li> </ol>		ate of Last 13/1996	Report	
L	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number			Applied For	$\exists$
Suite, Apt	# etc.	Suite Apt. # etc.	Suite, Apt. #, etc.			59-2025368   Not Applicable   \$8,75 Additional				
22		27				5. Certificate of Status Desired	Desired Fee Required			
City & State	e	City & State				6. Election Campaign Financing			<b>O</b> May Be	
<b>23</b> Zip	Country	28     Z <sub>1D</sub>	Z <sub>1</sub> p Country			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30			Florida Statutes			Yes No			
]	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New R	glstered	Agent		
	ra, manuel M., M.D.			81	Name					- }
	E WALNUT ST			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	<del></del>		
LAKE	LAND FL FL 33801			83		MP, LARP, MAT, MAT, MP, MATE, MATE,	·		,	-
						· · · · · · · · · · · · · · · · · · ·		<del></del>		_
				84	City		FL	<b>85</b>   Z <sub>1</sub> ;	p Code	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli-	02 and 607.1508, Florida Statu e of Florida, Such change was gations of, Section 607.0505, Fl	tes, the al authorize orida Stal	bove d by	named corporal	poration submits this statement for the tion's board of directors. I hereby acce	purpose o	f changing pointment a	) its registered as registered	1
SIGNATURE										
12.	Signature hypera or printed name of registered a			d Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF DO ANI	D DIDEOT	ODC IN 10	_ ا
THE	The second of th			13.		ADDITIONS/CHANGES TO OFFI	CERS AN	Change		\§
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City-St-2iP										
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NAME		•	4. 2 NAME					Ū		
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NAME CLOCK LANGUESC			6.2 N		Annothe					-
STREET ADDRESS			1		ADDRESS					}
14. I do neret	by certify that the information suppli	ed with this filing does not qual	6.4 Cl			d in Section 119.07(3)(i), Florida Statute	s. I furthe	r certify the	at the	

14. Ido 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 flock 13 if chartesd, or on an alarchment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41.3/97 94-488.76