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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

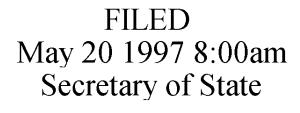
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 688572

(7)

RODRIGO G. HIDALGO M.D., P.A.

Principal Place of Business Mailing Address SAN THE BILLEN





VENICE FL 34285		VENICE FL 34285-3524						
					3. Date Incorporated or Qualified 09/23/1980	3a. Date o		port
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		Apr	olied For
21		26			59-2025753 Not Applicable			
Sulte, Apt. #, etc.		Suito, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	=)		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Z(p)	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes Yes \square No			
	9, Name and Address o	of Current Registered Agent			10. Name and Address of New Re	gistered Age	nt	
DUI	LMER, JOHN J JR		81	Name				
229 PENSACOLA RD VENICE FL 33595			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)			
101	WO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		83					
			84	City		FL	35 Zip C	Code
11. Pursuan office or agent. I	to the provisions of Sections registered agent, or both, in am familiar with, and accept	607.0502 and 607.1508, Florida Statu the State of Florida. Such change was the obligations of, Section 607.0505, f	utes, the above authorized b lorida Statute	ve-named corpora by the corpora bs.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chi of the appoint	anging its tment as r	registered registered
SIGNATURE	Signature, typed or printed nank of re	opstered agent and lifts if applicable (NC	OTE Registered A	gent signature requ	icd whon reinstating)	DATE		
12.		CERS AND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFIC			
TITLE	PSD	L DELFTE	1.† 1HLE :			L.] Change	Addition
NAME	HIDALGO, RODRIGO		1.≱ NAME					
STREET ADDRESS				ET ADDRESS	·			
CITY-ST-ZIP	VENICE, FL 00000	Dougra	1.4 CiTY -				Change	Addition
TITLE		☐ DELETE	2.1 1111.6			L	Change	LJ ADDITION
NAME			2.P NAME	T ADDRESS				
STREET ADDRESS			2.4 CITY		•			
CITY-ST-ZIP		DELETE	3,1 1111.6				Change	Addition
NAME			3.⊉ NAME			-		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE	***************************************	DELETE	4.4 1011.6	and the companies of the contract of the contr		L	Change	Addition
NAME			4:2 NAM	E				
STREET ADDRESS	:		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CiTY	-ST-ZIP				
TITLE		☐ DELET€	5 1 1111.1			L	Change	Addition
NAME			5 P NAMI					
STREET ADDRESS	:		5 B STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 City	- S1 - ZIP				
TITLE		DELETE	6.H 1111.E	. p. 1-93] Change	Addition
NAME			6⊉ NAMI		•			
STREET ADDRESS	; [63 STRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 C(1)	CONTRACTOR MAN TO THE STATE OF				
14 I do her	eby certify that the information	n supplied with this filing does not aux	alify for the ex	remotion state	d in Section 119.07(3)(i), Florida Statute	s. I further ca	ertify that f	the

The managed county may meet minimation supplied with rins mining does not quality 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 eath; that I am an officer or director of the corporation of 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 changing or or on an attach non-with an address.