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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 692270

J. LLINAS, M.D. PA. Jose

Principal Place of Business

Mailing Address

701 N.W. 28th St

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DO NOT WRITE IN THIS SPACE

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Jun 04, 1999 8:00 am

**Secretary of State** 

06-04-1999 90006 007 \*\*\*150.00

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Street Address (P.O. Box Number is Not Acceptable)

GAINESUILLE FI 3. Date Incorporated or Qualifed 32607 07/01/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2103975 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

LLINAS JOSE J. 701 N.W. 28th Street GAINESVILLE FL 32607

Zip Code 84 City 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.

83

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT, DIRECTOR DELL JOSE J. LLINAS 701 N.W. 28th ST. GAINESVILLE FL 32607 DELETE Change 1.1 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 21 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

Joe' &. Use we signature and typed or printed name of signing officer or director

6-1-99 (352) 374-5600

(11/98)CR2E034