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Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90035 048 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 695919

1. Corporation Name

ROBERTO AREVALO-ARAUJO, M.D., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5347 MAIN STREET, SUITE #203 NEW PORT RICHEY FL 34652  
Mailing Address: 5347 MAIN STREET, SUITE #203 NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 07/23/1981  
4. FEI Number: 59-2109527  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: Yes [ ] No [X]

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip (25)  
29. Zip (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AREVALO-ARAUJO, ROBERTO  
5347 MAIN STREET, SUITE #203  
NEW PORT RICHEY FL 34652

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes a 'DELETE' checkbox for each entry.

Table with 4 columns for Additions/Changes. Each column includes Title, Name, Street Address, and City-ST-ZIP. Includes 'Change' and 'Addition' checkboxes for each entry.

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: [Signature] ROBERTO AREVALO-ARAUJO, M.D.

4-27-99 727 849-6690

CR2E034 (11/98)