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Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840022 (8)
1. Corporation Name
V.M. ALVAREZ, M.D., P.C.

Principal Place of Business
1281 SOUTH HICKORY ST
MELBOURNE FL 32901

Mailing Address
1281 SOUTH HICKORY ST
MELBOURNE FL 32901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 361906 Suite, Apt. #, etc. 22 City & State 23 Melbourne FL Zip 24 32935 Country 25 Brevard		2a. Mailing Address 26 P.O. Box 361906 Suite, Apt. #, etc. 27 City & State 28 Melbourne FL Zip 29 32935 Country 30 Brevard		3. Date Incorporated or Qualified 02/14/1978	
		4. FEI Number 38-1849368		Applied For Not Applicable	
		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 or has paid the current year Intangible Personal Property Tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent ALVAREZ, V.M.(DR.) 1355 S HICKORY ST MELBOURNE FL 32901				10. Name and Address of New Registered Agent 81 Name Victor H. Alvarez 82 Street Address (P.O. Box Number is Not Acceptable) 2815 Pineapple Ave 83 84 City Melbourne FL 85 Zip Code 32936	

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: Victor H. Alvarez
Signature: typed or printed name of registered agent and filed (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	2815 Pineapple Ave.
NAME	ALVAREZ, V.M. (DR.)	1.2 NAME	MELBOURNE FL 32935
STREET ADDRESS	1355 S HICKORY ST	1.3 STREET ADDRESS	P.O. Box 361906
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Melbourne FL 32935
TITLE	S	2.1 TITLE	2815 Pineapple Ave.
NAME	ALVAREZ, BLANCA E.	2.2 NAME	MELBOURNE FL 32935
STREET ADDRESS	1355 S HICKORY ST	2.3 STREET ADDRESS	P.O. Box 361906
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Melbourne FL 32935
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; 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.

SIGNATURE:

CR2E034 (10/97)