

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F02148**

1. Corporation Name

ERWIN MARCOS VASQUEZ, M.D.,P.A.

Principal Place of Business

2600 NE 9TH ST
FT LAUDERDALE FL 33304

Mailing Address

2600 NE 9TH ST
FT LAUDERDALE FL 33304

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90002 047 ***550.00



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business

1 **Same**

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26 **Same**

Suite, Apt. #, etc.

City & State

Zip

Country

29

3. Date Incorporated or Qualified

10/17/1980

4. FEI Number

59-2028670

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 the current year
Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

VASQUEZ, ERWIN M
2600 NE 9TH ST
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

2. OFFICERS AND DIRECTORS

FILE ☐ DELETE
NAME **OPT**
VASEQUEZ, ERWIN MARCOS
REET ADDRESS **2600 N E 9TH STREET**
TY-ST-ZIP **FT LAUD, FL 33304**

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

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REET ADDRESS
TY-ST-ZIP

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

FILE ☐ DELETE
NAME
REET ADDRESS
TY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I, 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.

SIGNATURE:

ERWIN MARCOS VASQUEZ

7/6/99

(954) 565-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)