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

FILED
Apr 14, 1999 8:00 am
Secretary of State
04-14-1999 90122 032 ***150.00

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DOCUMENT # F48242

1. Corporation Name
RAUL HERNANDEZ, M.D., P.A.

Principal Place of Business	Mailing Address
29490 SW 193 AVE HOMESTEAD FL 33030	29490 SW 193 AVE HOMESTEAD FL 33030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/17/1981

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-2135957**	Applied For
21	**26**		Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip **24** / Country **25**	Zip **29** / Country **30**	8. This corporation owes the current year Intangible Personal Property Tax. ☑Yes ☐No	

9. Name and Address of Current Registered Agent

GUEST, JAMES M
311 N.E. 8TH STREET
STE. 109
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

81	Name *James M. Guest, CPA, P.A.*
82	Street Address (P.O. Box Number is Not Acceptable) *15600 S. W. 288 St., # 310*
83	
84	City *Homestead* FL 85 Zip Code *33033*

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 X _____
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	
TITLE **DP** ☐ DELETE		1.1 TITLE	☐ Change	☐ Addition
NAME **HERNANDEZ, RAUL**		1.2 NAME		
STREET ADDRESS **29490 S.W. 193 AVENUE**		1.3 STREET ADDRESS		
CITY-ST-ZIP **HOMESTEAD FL**		1.4 CITY-ST-ZIP		
TITLE **D** ☐ DELETE		2.1 TITLE	☐ Change	☐ Addition
NAME **GUEST, JAMES**		2.2 NAME		
STREET ADDRESS **311 N.E. 8TH STREET**		2.3 STREET ADDRESS		
CITY-ST-ZIP **HOMESTEAD FL 33030**		2.4 CITY-ST-ZIP		
TITLE ☐ DELETE		3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE ☐ DELETE		4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE ☐ DELETE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE ☐ DELETE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: *Raul Hernandez* *4/7/89*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #