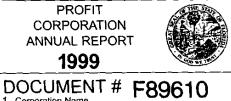
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90092 002 \*\*\*150.00

## 1. Corporation Name PREGEN, TELLECHEA AND SCHOBEL, M.D., P.A.

1190 NW 95TH STREET SUITE 305 MIAMI FL 33150  1190 NW 95TH STREET SUITE 305 MIAMI FL 33150						DO NOT WRITE IN T  3. Date incorporated or Qualifed  07/07/1982	HIS SPACE		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Applied For	
11		26	6			59-2215986		Not Applicable	
Suite, Apt. #	♯, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	•	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country Zip C 25 29 30					This corporation owes the current year     Personal Property Tax.	r Intangible	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
		_ <del></del>		81 Nat	ne				
TELLECHEA, CARLOS M.D. 1190 NW 95TH STREET				<b>82</b> Stre	eet Addr	ess (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33150			83		·			
				84 City			FL	p Code	
office or re agent, I ar SIGNATURE	egistered agent, or both, in the State of in familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Stat	utes.	огрогацо	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppoulinent as	registered	
			13.	Agent signal	cia reduier	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
12.	PD OFFICERS AND	DELETE	1.1 TI	———— П F	7		Chang		
ì	TELLECHEA, CARLOS		1.2 N					_	
NAME	1190 NW 95TH ST #305		1	TREET ADDR	200	•		(	
STREET ADDRESS			1		293)		•		
CITY-ST-ZIP	MIAMI, FL 00000 D	☐ DELETE	2.1 TI	ITY-ST-ZIP	-+-	<del></del>	☐ Chang	e Addition	
TITLE		[ ] OCCUT	2.2 NAME		}			,	
NAME	Tribating of the orthographic control of the orthographic			AME TREET ADDR				-	
STREET ADDRESS	1190 NW 95TH ST #305		•	TY-ST-ZIP	-33)				
CITY-ST-ZIP	MIAMI, FL 00000 2.40 D □ DELETE 3.171					Chang	e Addition		
TITLE	_		3.2 N				,	_	
NAME	SCHOBEL, RUTH 1190 NW 95TH ST. #305			TREET ADDR	500			ĺ	
STREET ADDRESS				CITY-ST-ZIP				}	
CITY-ST-ZIP TITLE	D	☐ DELETE	4,1 T		-	<del></del>	Chang	e Addition	
NAME	QUIROS, MARIO		1	IAME			- `	}	
STREET ADDRESS	1190 NW 95TH ST, SUITE 305		I .	TREET ADDR	FSS				
CITY-ST-ZIP	MIAMI FL 33150			ITY-ST-ZIP					
TITLE	MINAMI I E GO TOG	☐ DELETE	5.1 T		_ -		[] Chang	ge [] Addition	
NAME		** *	5.2 N		}			· }	
STREET ADDRESS			5.3 S	TREET ADDR	ESS		•		
CITY-ST-ZIP			5.4 0	ITY-ST-ZIP				{	
TITLE	<del></del>	☐ DELETE	6.1 T				Chang	ge Addition	
NAME			6.2 N	AME	-			{	
STREET ADDRESS			6.3 S	TREET ADDR	ESS (			ļ	
CITY-ST-ZIP			6.4 C	ITY-ST-ZIP	{			į	
UIT-31-2P									

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:

69) 3420