

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90092 002 ***150.00

DOCUMENT # F89610

1. Corporation Name

PREGEN, TELLECHEA AND SCHOBEL, M.D., P.A.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1982

4. FEI Number

59-2215986

Applied For

Not Applicable

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

2. Principal Place of Business

1190 NW 95TH STREET
SUITE 305
MIAMI FL 33150

2a. Mailing Address

1190 NW 95TH STREET
SUITE 305
MIAMI FL 33150

City & State

City & State

Zip

Zip

Country

Country

25

29

26

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TELLECHEA, CARLOS M.D.
1190 NW 95TH STREET
MIAMI FL 33150

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS TELLECHEA, CARLOS
CITY-ST-ZIP 1190 NW 95TH ST #305
MIAMI, FL 00000

TITLE ☐ DELETE

NAME D
STREET ADDRESS PREGEN, SAMSON
CITY-ST-ZIP 1190 NW 95TH ST #305
MIAMI, FL 00000

TITLE ☐ DELETE

NAME D
STREET ADDRESS SCHOBEL, RUTH
CITY-ST-ZIP 1190 NW 95TH ST. #305
MIAMI FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS QUIROS, MARIO
CITY-ST-ZIP 1190 NW 95TH ST, SUITE 305
MIAMI FL 33150

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-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

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]

2/26/99

305 691 3420

CR2E034 (1/98)