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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F89656

(5)

HERNANDEZ MEDICAL OFFICE INC.

| FILED              |
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| Jan 20 1998 8:00am |
| Secretary of State |
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| Suito, Apt. #, etc.   27   27   27   27   27   27   27   2   |   |  |                                       |                      |           |          |                   |                                       |              |                  |                   |
|--|---|--|---------------------------------------|----------------------|-----------|----------|-------------------|---------------------------------------|--------------|------------------|-------------------|
| Applied Fig.   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip     | Principal Place of Business Mailing Address |  |                                       |                      |           |          |                   | 1 1981029 (18) (8)10 (810) 8118)      |              | FBIT MINTE MINTE | DLOSS MLALI SAGEL |
| TAKEPHILE PL 13070   TAKEPHILE PL 30070   US   S. Date Incorporated or Qualified   Octoor     |   | RSEAS HWY  | 9214                                  | 92140 OVERSEAS HWY   |           |          |                   |                                       |              |                  |                   |
| ## Applied For Country   20   Mailing Address   2.0. Mailing Address   4. FEI Number   4. FEI Number   4. FEI Number   5. Section 20   5. Sect |   | D EL 99030   |                                       | EDMED EL 19999       |           |          |                   | DO NOT WRIT                           | E IN THIS    | SPACE            |                   |
| ## Applied For Inchance of Business   2a. Mailing Address   2b. Mailing Address   4. FEI Number   59-2204670   Not Applied For S9-2204670   Status Desired   S8.75 Address Fee Required Fee Require |   |  |                                       |                      |           |          |                   | <del></del>                           |              | OFFICE           |                   |
| 2. Principal Place of Businoss   2. Au Mainry Address   4. F. F. Momber   5. P. 2204670   Not Applied For State   Sulvo, Apt. #, etc.   Sulvo, Apt. #, e   |   |  | •                                     |                      |           |          |                   | · ·                                   |              |                  |                   |
| Suite, Apt. #, etc.    | 2. Principal P                              | Place of Business                                  | 2a. Mail                              | ing Address          |           |          |                   |                                       |              | I A              | oplied For        |
| Suite, Apt. #, etc. 27 27 28 29 29 20 City & State   | 21  |  | 26                                    |                      |           |          |                   | 59-2204670                            |              |                  | ot Applicable     |
| City & State   |   | #, etc.  | Suite                                 | e, Apt. #, etc.      |           |          |                   |                                       | П            | \$8.75           | Additional        |
| Zip   Country   Zip   Country   Zip   Country   Stroke Fund Contribution   Added to Pease   Zip   Zi   |   |  |                                       |                      |           |          |                   | S. Sortmodio of States Desired        |              | Fee Re           | equired           |
| 22   25   20   20   30   20   30   20   30   20   30   20   30   20   30   3   | —— ·  | e  | ├ <del></del> ¬ `                     | City & State         |           |          |                   | 1                                     |              |                  |                   |
| 28   |   | Country  |                                       |                      | Coun      | tru      |                   | <del></del>                           | <u> </u>     |                  |                   |
| 10, Name and Address of Current Registered Agent   |   |  |                                       | <u> -</u>            |           | iti y    |                   |                                       |              |                  | 1                 |
| HERNANDEZ, CELSO R 94826 OVERSEAS HWY LOT 252 KEY LARGO FL 33037  84 City FL 2 Received Address (P.O. Box Number is Not Acceptable)  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 list register again. I be not beligationed of sections from the State of Provide Statutes, the above-named corporation submits this statement for the purpose of changing list register again. I am familiar with, and accept the obligations of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list register again. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations submits this statement for the purpose of changing list register again. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporations submits this statement for the purpose of changing list register dependent agent again. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing list register dependent agent again and the corporation submits this statement for the purpose of changing list register register.  9400   | E7  |  |                                       |                      | 1         |          |                   |                                       |              |                  |                   |
| ### STREET ADDRESS CITY-ST-ZP KEY LARGO FL  ### STD ### DELETE ### DELETE ### STD ### DELETE ### DELETE ### STD ### DELETE ## | -   | <del></del>  | · · · · · · · · · · · · · · · · · · · |                      |           | B1       | Name              | ,,,,                                  |              |                  |                   |
| LOT 252 KEY LARGO FL 33037  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florada Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florada Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PO DELETE  11 ITILE  PO DELETE  11 ITILE  STO DELETE  11 STO DELETE  11 STO DELETE  11 STO DELETE  12 STO DELETE  14 SCHY-ST-ZP  KEY LARGO FL  STREET ADDRESS  DIY-ST-ZP  KEY LARGO FL  STREET ADDRESS  GIY-ST-ZP  KEY LARGO FL  STREET ADDRESS  GIY-ST-ZP  STREET ADDRESS  GIY-ST-ZP  TITLE  DELETE  11 ITILE  DELETE  31 SIRRET ADDRESS  GIY-ST-ZP  TITLE  AL CHY-ST-ZP  TITLE  DELETE  31 SIRRET ADDRESS  GIY-ST-ZP  TITLE  DELETE  31 SIRRET ADDRESS  GIY-ST-ZP  TITLE  AL CHY-ST-ZP  TITLE  DELETE  31 SIRRET ADDRESS  GIY-ST-ZP  TITLE  AL CHY-ST-ZP  TITLE  AL CHY-ST-ZP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Chan |   |  |                                       |                      | ١.        | -        | C+ A              | (D.O. Dan Marilania                   |              |                  |                   |
| KEY LARGO FL 33037    84   City   FL   85   Zip Code   |   |  |                                       |                      |           | DZ       | Street Addr       | ess (P.O. Box Number is Not Accepta   | abiej        |                  |                   |
| The prevent 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 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, 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, 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 in a manular with, and accept the obligations of Section 807.0505, Florida Statutes    Signature   Signature, typed to provide finere of registered agent agent and like it angletanities.   NOTE Progressed Agent signature required when remastings)   DATE   |   |  |                                       |                      | 8         | 83       |                   |                                       |              |                  |                   |
| 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, florida Statutes, the above-named 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, they are prefet floridated to the provision of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, florida Statutes, they are prefet floridates. Section 607.0505, floridate statutes agent and the integral and the provision of the  | •   |  |                                       |                      | _         | -        | Oit.              |                                       |              | las las          | O. 1              |
| 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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes    SIGNATURE   |   |  |                                       |                      | °         | 54       | City              |                                       | FL           | 85 Zip           | Code              |
| TITLE NAME HERNANDEZ, CELSO R. 12 NAME 94825 OVERSEAS HIGHWAY LOT 252 (CITY-ST-ZIP) KEY LARGO FL 12 NAME 94825 OVERSEAS HIGHWAY LOT 252 (CITY-ST-ZIP) LITLE STD Change Additionable Additio | •   | Signature, lycod or printed name of registered ago | ent and title if apple                | cable (NOTE:         |           |          | signature require | ed when reinstating)                  | DATE         |                  |                   |
| NAME   |   |  | D DIRECTOR                            |                      |           |          |                   | ADDITIONS/CHANGES TO OFF              | ICERS ANI    |                  | RS IN 12          |
| STREET ADDRESS   STD   |   |  |                                       | ☐ DELETE             | 1.1 TITL  | E        |                   |                                       |              | ∐ Change         | ☐ Addition        |
| CITY-ST-ZIP   KEY LARGO FL   |   |  |                                       |                      | 1.2 NAM   | AE .     |                   |                                       |              |                  |                   |
| TITLE  |   |  |                                       |                      |           | <b>a</b> |                   |                                       |              |                  |                   |
| NAME   HERNANDEZ, NOELIA   94825 OVERSEAS HIGHWAY LOT 252   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   |   |  |                                       | DELETE               |           |          | ZIP               |                                       |              | D Observe        | 1 4 4 4 6 5 -     |
| STREET ADDRESS   94825 OVERSEAS HIGHWAY LOT 252   2.3 STREET ADDRESS   CITY-ST-ZIP   |   |  |                                       | L Deceie             |           |          |                   |                                       |              | ∟ ∟ unange       | L Addition        |
| CITY-ST-ZIP   KEY LARGO FL   |   |  | V I OT OSO                            |                      | 1         |          | popococ           |                                       |              |                  |                   |
| TITLE  |   |  | 1 LU1 202                             |                      |           |          |                   |                                       |              |                  |                   |
| NAME   |   | NET DANGOTE  |                                       | DELETE               |           |          | - ZIP             |                                       |              | Change           | Addition          |
| 33 STREET ADDRESS   33 STREET ADDRESS   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   34 CITY-ST-ZIP   4.1 TITLE   Change   Addition   A   |   |  |                                       |                      |           |          |                   |                                       |              |                  |                   |
| STREET ADDRESS   STRE   |   |  |                                       |                      |           |          | DDRESS            |                                       |              |                  |                   |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP         5.4 CITY-ST-ZIP         CITY-ST-ZIP  |   |  |                                       |                      |           |          |                   |                                       |              |                  | į                 |
| ### STREET ADDRESS    A3 STREET ADDRESS  |   |  |                                       | DELETE               |           |          |                   |                                       |              | Change           | ☐ Addition        |
| 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   | NAME  |  |                                       |                      | 4. 2 NAM  | ΜE       |                   |                                       |              |                  |                   |
| 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   | STREET ADDRESS                              |  |                                       |                      | 4.3 STRE  | EET AC   | DDRESS            |                                       |              |                  |                   |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP  | CITY-ST-ZIP                                 | <u> </u>   |                                       |                      | 4.4 City  | -\$1-    | ZIP               |                                       |              |                  |                   |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP  | TITLE                                       |  |                                       | L DELETE             | 5.1 TITLE | E        |                   |                                       |              | Change           | Addition          |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  |   |  |                                       |                      | 5.2 NAM   | IE       |                   |                                       |              |                  |                   |
|  |   |  |                                       |                      |           |          |                   |                                       |              |                  |                   |
| TILLE ( I I Phònas I I Addis   |   |  |                                       | DELETE               | _         |          | ZIP               |                                       |              |                  |                   |
| _ ` _  | TITLE                                       |  |                                       | LL DECEIE            | 6.1 TITLE |          |                   |                                       |              | ☐ Change         | ☐ Addition        |
| NAME 6.2 NAME  |   |  |                                       |                      |           |          |                   |                                       |              |                  |                   |
| STREET ADDRESS : 6.3 STREET ADDRESS  |   |  |                                       |                      |           |          |                   |                                       |              |                  |                   |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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   | <del></del>                                 | ertify that the information supplied wi            | th this filme d                       | lons not qualify for |           |          |                   | Section 119 07(3)(i) Florida Statutae | l furiber ec | rtifu 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.