SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G53652** **(5)**

1. Corporation Name
RENE RUIZ-ISASI, M.D., P.A.

Principal Place of Business	Mailing Address
6800 RIVIERA DR. CORAL GABLES FL 33146	6800 RIVIERA DR. CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6800 Riviera Dr. Suite, Apt. #, etc. 22 City & State 23 Coral Gables, Fla. Zip 24 33146 Country 25 USA	2a. Mailing Address 26 6800 Riviera Dr. Suite, Apt. #, etc. 27 City & State 28 Coral Gables, Fla. Zip 29 33146 Country 30 USA

3. Date Incorporated or Qualified
08/10/1983

4. FEI Number
59-2322982
[ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
RUIZ-ISASI, RENE, M.D.
6800 RIVIERA DR.
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 N/A
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of section 607.0502 or 617.1905, 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: P/A (Required When Mailed) (NOTE: Required If Agent Is Changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	[ ] DELETE	[ ] Change [ ] Addition
12 NAME	RUIZ-ISASI, RENE		
13 STREET ADDRESS	6800 RIVIERA DR.		
14 CITY ST ZIP	CORAL GABLES FL		
21 TITLE		[ ] DELETE	[ ] Change [ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY ST ZIP			
31 TITLE		[ ] DELETE	[ ] Change [ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY ST ZIP			
41 TITLE		[ ] DELETE	[ ] Change [ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY ST ZIP			
51 TITLE		[ ] DELETE	[ ] Change [ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY ST ZIP			
61 TITLE		[ ] DELETE	[ ] Change [ ] Addition
62 NAME			
63 STREET ADDRESS			
64 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.

SIGNATURE: R. Ruiz-Isasi MD 9/15/98 (305)666-6668

CR2E034 (5/98)