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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # LIGOIO



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90092 028 ***150.00

1. Corporation	Name	J		
	BECERRA, M.D., P.A.			
UCOLI 17	DECEMBA, MID., 1 A.			a compare alon india redak takon tiden dake dibil akani akaki dibik akahi dibik tabik dibik tabik
i				
Principal Place	of Business	Mailing Address		T (BBIORY DIBLING HORS) HORSE HORSE BOSH BIBNE BURN BURN BERNEL BERNEL BERNEL BERNEL
601 N. FLAMINGO RD. 285 N.W. 199TH ST. SUITE 402 #204				
PEMBROKE PIN	ES FL 33028	MIAMI FL 33169		DO NOT WRITE IN THIS SPACE
		US		3. Date Incorporated or Qualifed
		The state of the s	····	07/17/1984 4. FEI Number Applied For
 	ace of Business	2a. Mailing Address		T
Suite, Apt.	# atc	. Suite, Apt. #, etc.		\$8.75 Additional
⊢ ''	#, etc.	27		5. Certificate of Status Desired Fee Required
City & State	9	City & State		6. Election Campaign Financing S5.00 May Be
23	_	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	o]	Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
			81 Name	JOSERH D. RECERRA
BECERRA, MARIA E			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
100 NW 170 STREET				100 NW 170 2 neel
SUITE 303			83	SUITE 303
NORTH MIAMI BEACH FL 33069			84 City	TR MIRNI BEACH FL 85 ZIP Code 9
NORTH MIAMI DEACH FL 33169				
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 applications of, Section 607.0505, Florida Statutes.				
agent. I a	m familiar with and accept the ablig	ations of, Section 607.0505, Florid	Statutes.	1/13/199
SIGNATURE	Signature, typed of printed name of registered ag	A and this of applicable (NOTE P	egistered Agent signature requ	(Inert when reinstation) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PDVT	☐ DELETE	1.1 HILE	☐ Change ☐ Addition
NAME	BECERRA, JOSEPH MD		1.2 NAME	
STREET ADDRESS	100 NW 170 STR, STE 303		1.3 STREET ADDRESS	· ·
CITY-ST-ZIP	NO MIAMI BCH FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	. Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP		□ oc: etc	34. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	_ crongs
NAME			4.2 NAME 4.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	☐ 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	10		6.2 NAME	į
STREET ADDRESS			6.3 STREET ADDRESS	

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 fixe empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone(#

2E034 (11/98)