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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

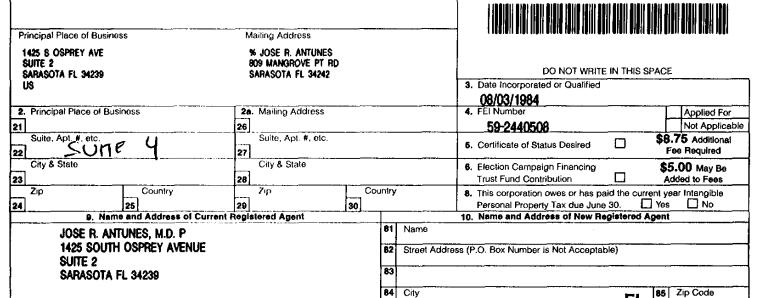
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H14990

(6)

JOSE R. ANTUNES, M.D., P.A.

## FILED Mar 09 1998 8:00am Secretary of State



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.

	The string string and dood, the ornigitions of our					
SIGNATURE	Signature, typod or printed name of registered agent and title if any	plicable (NOIE	Registered Agent signature requi	ired when reinstaling) DATE		
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	IS IN 12
TITLE	P	DELETE	1.1 TOTLE		Change	Addition
NAME	ANTUNES, JOSE R.		1.2 NAME			
STREET ADDRESS	809 MANGROVE PT RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP			
TITLE	ON PROPERTY OF THE PROPERTY OF	DELETE	2.1 TITLE		Change	☐ Additio
NAME			22 NAME		<b>~</b>	_
STREET ADDRESS			23 STREET ADDRESS			
			2. 4 CITY-ST-ZIP	pg Sec		
CITY-ST-ZIP		DELETE	3.1 TITLE		Change	Additio
NAME		ottail	3.2 NAME			
Ţ						
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		Deutse	3.4. CITY-ST-ZIP		1 00000	1 1 4 4 9 1
TITLE		DELETE	4.1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CYTY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			_
TITLE		DELETE	61 TITLE		Change	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY CT 710	1		CACITY CT. 7ID			

14. If Y-St-2iP

14. If year the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental ampiral 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 of the receiver of trustee dispowered 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 all actington with an ardress.

SIGNATURE:

/3/58