1999		MAY 1ST IS	\$550	0.00	FILED Feb 01, 1999 8:00 am Secretary of State			
		FLORIDA DEPAR Katheri i	ne Harr	is				
•	trace of 1.	Secretary DIVISION OF C	•		02-01-1999 90004 013 ***150.00			
DOCUMENT # H16446 1. Corporation Name						2000 1 015	150.0	
1. Corporation	MEN # H16446							
GUILLEF	RMO D. MARCOVICI, M.D., P./	\ .						
					L LEALOGUE DE LIEUTE DE LIEUTE DE LA CONTRACTOR DE LA CON	LOE OUL CURN CHON A		
Drivers at Dise	a of Designation	Mailing Address	<u>-</u>					
Principal Place of Business Mailing Address 1111 12TH STREET 1111 12TH STREET								
SUITE 204		SUITE 204			DO NOT WO	TC 161 TUIO OD		
KEY WEST FL 33040 KEY WEST FL 33040					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					08/14/1984			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Арр	lied For
21		26			59-2444527			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·		5. Certifcate of Status Desired	П .	8.75 Ac	uired
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	,
23 . Zip	Country	Zip	Cou	ntry	8. This corporation owes the curr	ent vear Intangi		1, cas
24	25 29				Personal Property Tax.			ÜNo
	9. Name and Address of Current R	legistered Agent		81 Name	10. Name and Address of New I	Registered Age	nt '	
ARGUELLES, CARLOS D				81 Name				
				82 Street Add	ress (P.O. Box Number is Not Accepta	able)		
SUITE 204				83		1935 757		
KEY WEST FL 33040				84 City		8	5 Zip Ci	ódè
4141-44- 1		,		1	<u> </u>	FL	1	
11. Pursuant	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of I	nd 607.1508, Florida Statute Florida, Such change was au	s, the al	oove-named corp by the corporation	poration submits this statement for the on's board of directors. I hereby acce	purpose of char of the appointme	nging its r ent as reg	egistered istered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flor	ida Statu	ites	:			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	Agent signature require	ed when reinstating).	DATE		\
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF			
TITLE	PTD	☐ DELETE	1.1 TIT				Change	☐ Addition
NAME	MARCOVICI, GUILLERMO D.		1.2 NA					
STREET ADDRESS	120 E. CARIBBEAN DR. SUMMERLAND KEY FL 33042-107	7 Q		REET ADORESS Y-ST-ZIP				
TITLE	SOMMENDAND RET PE 30042-101	☐ DELETE	2.1 TIT	1	,		Change	Addition
NAME	•		2.2 NA	ME.				
STREET ADDRESS	. , -	-	2.3 ST	REET ADDRESS				
CITY-ST-ZIP	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		_	TY-ST-ZIP			Channa	Addition
TITLE	ESTATE TO THE	☐ DELÉTE	3.1 TIT			Ц	Change	Addition
NAME	经验的 有关的	,	3.2 NA	REET ADDRESS		. no. 2 2		
STREET ADDRESS CITY-ST-ZIP	信息 为,		į.	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TII			11/2/35/6	Change 5	Addition
NAME	large of the second		4. 2 N	WE				
STREET ADDRESS	· .	•		REET ADDRESS		*		
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TIT	Y-ST-ZIP			Change	Addition
NAME		ے محدد بد	5.2 NA	- 1	. ,	_	3 -	_
STREET ADDRESS			5.3 ST	REET ADDRESS				
CITY-ST-ZIP	(1) i			Y-ST-ZIP	· ,			
TITLE	11 15 15 15 15 15 15 15 15 15 15 15 15 1	☐ DELETE	6.1 TIT			. 🗆	Change	☐ Addition
NAME		•	6.2 NA	ME REET ADDRESS				
STDEET ADDOCCO	· · · · · · · · · · · · · · · · · · ·		■ v.3 ⊃					

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 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 interest that it is 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.

6.3 STREET ADDRESS 6.4 CITY- ST- ZIP

SIGNATURE:

STREET ADDRESS

ED. OR FRINTES MAME OF SIGNING OFFICER OR DIRECTOR

1/15/55 Date