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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H33099 (3)

1. Corporation Name
JOSE E. QUINONES, M.D., P.A.



Principal Place of Business: 611 WYMORE RD. SUITE 215 WINTER PARK FL 32789 US
Mailing Address: 331 N. MATLAND AVE. SUITE D-10 MATLAND FL 32751-4750 US

3. Date Incorporated or Qualified: 12/04/1984
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2467939
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 has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [] No

2. Principal Place of Business: 21 659 MATLAND AVENUE SUITE D Altamonte Springs, FL 32701 Seminole
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: QUINONES, JOSE E., M.D. 611 WYMORE RD. SUITE 215 WINTER PARK FL 32789

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

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.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Rows 12-16 list Jose E. Quinones, M.D. as PD and Jose E. Quinones as S.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a checkbox for Change or Addition. Rows 13-16 are for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

14. I do 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/18/97 DATE DAYTIME PHONE #

CR2E034 (9/96)