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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90051 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H33099
1. Corporation Name
JOSE E. QUINONES, M.D., P.A.



Principal Place of Business: ~~659 MAITLAND AVE~~
~~D~~
~~ALTAMONTE SPRINGS FL 32701~~
US

Mailing Address: ~~331 N MAITLAND AVE~~
~~SUITE D-10~~
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2248 Winter Woods Blvd
Suite, Apt. #, etc. 22

2a. Mailing Address: 27 1870 Aloma Ave. Ste 210
Suite, Apt. #, etc. 27

23 City & State: Winter Park, FL
24 Zip: 32792 25 Country: US
29 City & State: Winter Park, FL
30 Zip: 32789 31 Country: US

3. Date Incorporated or Qualified: 12/04/1984

4. FEI Number: 59-2467939 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 the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
QUINONES, JOSE E., M.D.
~~659 MAITLAND AVENUE STE D~~
~~SUITE 215~~
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2248 Winter Woods Blvd.
83
84 City: Winter Park FL 85 Zip Code: 32792

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | QUINONES, JOSE E. | |
| STREET ADDRESS | 659 MAITLAND AVENUE STE D | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | QUINONES, JOSE E | |
| STREET ADDRESS | 659 MAITLAND AVENUE STE D | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32701 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2248 Winter Woods Blvd. |
| 1.4 CITY-ST-ZIP | Winter Park, FL 32792 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2248 Winter Woods Blvd. |
| 2.4 CITY-ST-ZIP | Winter Park, FL 32792 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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, with all other like empowered.

SIGNATURE: X _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-13-99 Daytime Phone #: 407-681-6003

CP2EN24 (11/98)