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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # H58461

1. Corporation Name FELIX A. ESTRADA, M.D., INC.

Principal Place of Business

9901 NE 13TH AVE MIAMI SHORES FL 33138

Mailing Address

9901 NE 13TH AVE MIAMI SHORES FL 33138



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

05/23/1985

4. FEI Number

59-2532930

Applied For Not Applicable

5. Certificate of Status Due

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owns the current year Intangible Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 4651 SHERIDAN STREET

Suite, Apt. #, etc

22 SUITE 400

City & State

23 HOLLYWOOD FL

Zip

24 33021

Country

2a. Mailing Address

26 4651 SHERIDAN STREET

Suite, Apt. #, etc.

27 SUITE 400

City & State

28 HOLLYWOOD FL

Zip

29 33021

Country

9. Name and Address of Current Registered Agent

WOLFF, MARK J. 10400 NW 32ND AVE MIAMI FL 33155

81 Name JAY A. MARTUS

82 Street Address (P.O. Box Number is Not Acceptable)

4651 SHERIDAN STREET,

83 SUITE 400

84 City HOLLYWOOD

FL

85 Zip

33021

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. The corporation hereby appoints the agent registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director of corporation and their title

4/13/99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP ESTRADA, FELIX A., M.D. 9901 NE 13TH AVE MIAMI SHORES FL

[] DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

PP MICHELE EISENBERG 4651 SHERIDAN STREET SUITE 400 HOLLYWOOD FL 33021

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

EVPP LEWIS ERIC 4651 SHERIDAN STREET SUITE 400 HOLLYWOOD FL 33021

24 TITLE NAME STREET ADDRESS CITY-ST-ZIP

COOP MICHAEL SCHWABER 4651 SHERIDAN STREET SUITE 400 HOLLYWOOD FL 33021

34 TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPS JAY A. MARTUS 4651 SHERIDAN STREET SUITE 400 HOLLYWOOD FL 33021

42 TITLE NAME STREET ADDRESS CITY-ST-ZIP

43 TITLE NAME STREET ADDRESS CITY-ST-ZIP

51 TITLE NAME STREET ADDRESS CITY-ST-ZIP

52 TITLE NAME STREET ADDRESS CITY-ST-ZIP

61 TITLE NAME STREET ADDRESS CITY-ST-ZIP

62 TITLE NAME STREET ADDRESS CITY-ST-ZIP

64 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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***4350.00 ***150.00

Signature of Jay A. Martus

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(a) 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: Felix A. Estrada, M.D., Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999

(954)986-7770

CR2E034 (11/98)