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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H91614** 1. Corporation Name

GABRIEL A. PULIDO, M.D., P.A.

Mailing Address

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90111 012 ***150.00



4116 MEDINA WAY P. O. BOX 1646 SEBRING FL 33872		P. O. BOX 10	4116 MEDINA WAY P. O. BOX 1646 SEBRING FL 33872				DO NOT WRITE IN TI	HIS SPAC	E		
						3.	Date Incorporated or Qualifed 12/26/1985	1	,,		
2. Principal Place of Business		2a. Mailing /	2a. Mailing Address				FEI Number		Applied For		
21		26	6			1	59-2617761	 	Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat		City & S 28			-	. 6 .	Election Campaign Financing Trust Fund Contribution		.00 May Be		
Zip 24	Country 25	Zip 29	Cour 30	itry	or this corporation owes the current year intangit		Intangible				
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
PULI	DO, GABRIEL A.			81	Name				**		
4116 MEDINA WAY SUITE 11 SEBRING FL 33872				82	Street Addre	Address (P.O. Box Number is Not Acceptable)					
			Ī	83							
					City				Zip Code		
 Pursuant to office or re 	o the provisions of Sections 607, egistered agent, or both, in the St	0502 and 607.1508, F ate of Florida. Such cl	lorida Statutes, the ab- nange was authorized l	ove- by th	named corpor	ration	n submits this statement for the purpose pard of directors. I hereby accept the app	of changin	ng its registered		

SIGNATURE	Share					
12.	Signature, typed or printed name of registered agent and title if app	· · · · · · · · · · · · · · · · · · ·	Registered Agent signature require		DATE	
	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	RS IN 12
TITLE	• ·	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	PULIDO, GABRIEL A.		1.2 NAME			
STREET ADDRESS	4116 MEDINA WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	•		
TITLE		☐ DELETE	2.1 TITLE		[] Change	Addition
NAME			2.2 NAME		onango	
STREET ADDRESS			2.3 STREET ADDRESS	•		
CITY-ST-ZIP			2.4 CITY+ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME		- Change	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition :
NAME			4. 2 NAME		. Crownigo	
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		,	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADORESS	•		ĺ
CITY OT 75D			0.000.000			

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.

SIGNATURI	TURE
------------------	------