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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36521

(9)

EDWIN M. VILLALOBOS M.D., P.A.

FILED Jan 23 1997 8:00am Secretary of State



Principal Pr	lace of Business								
661 E ALTA		Mailing Address 661 E ALTAMONTE DR SUITE 231							
SUITE 231									
ALTAMONTE SPRINGS FL 32701 US		ALTAMONTE SPRINGS FL 32701-5103 US			3. Date Incorporated or Qualified 10/03/1986 02/02/199			•	
2. Princ pa	al Place of Business	26. Mailing Address	····			4. FEI Number	·		oplied For
21		26				59-2723060			ot Applicable
Suite, A	pt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	sd \$8.75 Additional Fee Required			
City & S	State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Ζιρ	Cou	ıntry		8. This corporation has liability for it	ntangible ta	x under s	. 199.032,
24	25	29	30	Υ			Yes 🔲		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	jistered A	jent	
	ALLALOBOS, EDWIN M.			"	Name				
	81 E ALTAMONTE DR #231				Street Add	ress (P.O. Box Number is Not Acceptable)			
	I TOWER LITAMONTE SPRINGS FL 32701			83					
	EIMMONIE OF MINOS I E OZIO			84	City		····	85 Zip	Code
	ant to the previsions of Sections 607-0502 or registered agent, or both, in the State c I am familiar with, and accept the obligat						FL		
SIGNATUR		and fit of neptonial IN				oired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	DP	DELETE	1.1 T	TLE				Change	Addition
NAME	VILLALOBOS, EDWIN M.		1.2 N	AME					
STREET ADDRES			138	TREET	ADDRESS				
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CITY-ST ZIP					ST-ZIP				
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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: Vonde & SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

15/97 (407)331-077/