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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name ABE-AR, INC.

Principal Place of Business

DOCUMENT # **J48600**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90128 024 ***158.75

2. Principal Place of Business 4. FEI Number 59-2765737 Not Applicable 50. Certificate of Status Desired Fee Required Fee Required City & State Ci	% ABELARDO ARANGO. M.D., P.A. 3661 S. MIAMI AVE #202 MIAMI FL 33133		% ABELARDO ARANGO, M.D., P.A. 3661 S. Miami Ave #202 Miami Fl. 33133		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
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Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. 27 City & State City	2. Principal Pl	ace of Rusiness	2a. Mailing Address					Applied For	
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27				· · · · · · · · · · · · · · · · · · ·			\$8.75		
City & State 23 26 27 27 28 29 Country 20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30	22			7		5. Certificate of Status Desired	Fee I	Required	
Added to Fees Zip			City & State	City & State		6. Election Campaign Financing	\$5.0	0 May Be	
9. Name and Address of Current Registered Agent ABELARDO ARANGO, M.D. 3661 S. MAMI AVE. SUITE #202 MIAMI FL 33133 B4 City FL 35 Zip Code 11. Presume to the provisions of Sections 607,0502 and 607,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 and familiar with, and accept the obligations of, Section 607,6505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 are familiar with, and accept the obligations of, Section 607,6505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. 1 are familiar with, and accept the obligations of, Section 607,6505, Florids Statutes, the above-named corporation's poard of directors. I hereby accept the appointment as registered agent. 1 are familiar with, and accept the obligations of, Section 607,6505, Florids Statutes. SIGNATURE Signature, Systetic presed stame of registered agent. 1 are familiar with, and accept the obligations of, Section 607,6505, Florids Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DP ARANGO, ABELARDO SERET ADDRESS OTY-51-2P TITLE DELETE 11 TITLE DELETE 11 TITLE DELETE 12 TITLE DELETE 31 TITLE DELETE 31 TITLE Change Addition AGDITY-51-2P TITLE AGDITY-51-2P TITLE DELETE 31 TITLE Change Addition AGDITY-51-2P TITLE Change Addition AGDITY-51-2P TITLE Change Addition AGDITY-51-2P TITLE DELETE 51 TITLE Change Addition AGDITY-51-2P TITLE AGDITY-51-2P TITLE AGDITY-51-2P TITLE AGDIT	23		28			Trust Fund Contribution	Adde	d to Fees	
9. Name and Address of Current Registered Agent ABELARDO ARANGO, M.D. 3661 S. MAMI AVE. SUITE #202 MIAMI FL 33133 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zip	Country		¬ '					
ABELARDO ARANGO, M.D. 3661 S. MAMI AVE. SUITE #202 MIAMI FL 33133 11. Pursuant the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the advocated by the corporation submits this statement for the pursuant for the provision of Sections 607.0502 and 607.1508, Florida Statutes, the advocated by the corporation submits this statement for the pursuant for the pursuan	24	VI 1-VI 1-VI 1-VI 1-VI 1-VI 1-VI 1-VI 1-						LINO	
ABELARDO ARANGO, M.D. 3661 S. MIAMI AVE. SUITE #202 MIAMI FL 33133 48 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OPFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE OPP ARANGO, ABELARDO STREET ADDRESS OTY-51.2P MIAMI FL 33133 DELETE 21 TITLE OPELETE 21 TITLE OPELETE 21 TITLE OPELETE 21 TITLE OPELETE 31 TITLE		9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Regis	tered Agent		
3661 S. MIAMI AVE. SUITE #202 MIAMI F1 33133 14	AREI ARRO ARANGO MED				Name				
SUITE #202 MAMI FL 33133 84				82 Street Ad-		dress (P.O. Box Number is Not Acceptable)			
MIAMI FL 33133 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In mis missing agent, to missing agent, to missing agent, to missing agent, to missing agent, and familiar with, and accept the obligations of, Section 697.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP				83					
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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS TITLE DP ARANGO, ABELARDO STREET ADDRESS CITY-ST-2P MIMMI FL 33133 DELETE 21 TITLE 22 TITLE 23 STREET ADDRESS CITY-ST-2P TITLE DELETE 31 TITLE 31 STREET ADDRESS CITY-ST-2P TITLE DELETE 31 TITLE 31 STREET ADDRESS CITY-ST-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ARANGE STREET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P ADDRESS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHAN									
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 tine appointment as registered agent, and accept the obligations of, Section 607-0505, Floridal Statute. The continued agent and accept the obligations of, Section 607-0505, Floridal Statute.				84	City		FL 85 Zi	p Code	
12. OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3. ITITLE Change Addition	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								
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Classical as whited as an of registered ago.	at and title if applicable. (NOTE Res	nistored Ana	et eignature regi	pired when reinstation) D.	ATE		
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indicated on this annual report or supplemental annual report is true 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 ampowered 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: 🗸