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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90087 038 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J77571

1. Corporation Name

REHABILITATION MEDICINE ASSOCIATES -OSCAR B. DEP
AZ, M.D., P.A.

Principal Place of Business

4881 NW 8 AVE.
SUITE 2
GAINESVILLE FL 32605
US

Mailing Address

P O BOX 7010
GAINESVILLE FL 32605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1987

4. FEI Number

59-2819741

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEPAZ, OSCAR B. M.D.

4127 NW 27TH LANE

SUITE A

GAINESVILLE FL 32606

81 Name

DEPAZ, OSCAR B. M.D.

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

4881 NW 8 AVE, STE 2

83

84 City

GAINESVILLE

FL

85 Zip Code

32607

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

OSCAR B. DEPAZ M.D.

1/19/1999

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME DEPAZ, OSCAR B
STREET ADDRESS 4881 NW 8 AVE., STE 2
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

32607

TITLE S ☐ DELETE

NAME HUNTER, OREGON K
STREET ADDRESS 4881 NW 8TH AVE STE 2
CITY-ST-ZIP GAINESVILLE FL 32606

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

32607

TITLE S ☐ DELETE

NAME PUENTE-GUZAMN, RIGOBERTO MD
STREET ADDRESS 4881 NW 8TH AVE #2
CITY-ST-ZIP GAINESVILLE FL 32606

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

32607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)