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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J89595

(9)

EDUARDO DIEGUEZ, JR., M.D., P.A.

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| Apr 07 1997 8:00am |
| Secretary of State |

| Principal Place | e of Business | Mailing Address | | | | 114 II. 113 II. 1 115 II. 115 II. 1 | | |
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| 13 MARSHVIEW DR. 13 MARSHVIEW DR. P.O. BOX 3105 P.O. BOX 3105 ST. AUGUSTINE FL 32085-3105 ST. AUGUSTINE FL 32085-3105 | | | -3105 | | | | · | |
| | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 09/01/1987 05/01/1996 | | | Report |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | 09/01/1987 4. FEI Number | U0/U | | pplied For |
| 21 | | 26 | | | 59-2840334 | | | tot Applicable |
| Suite, Apt | #. etc | Suite, Apt. #, etc. | | · · · · · · · · · · · · · · · · · · · | 6. Certificate of Status Desired | | | Additional lequired |
| City & State 23 | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Ζφ. 24] | Country 25 | Zip 29 | Coun | try | | Yes [| No | s. 199.032, |
| | Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Re | gistered A | gent | |
| | IUEZ, EDUARDO, JR MD | | 1 | Name | | | | |
| | IARSHVIEW DRIVE BOX 3105 | | | | dress (P.O. Box Number is Not Acceptal | ole) | | |
| | UGUSTINE FL 32084 | | 1 | 33 | | | | |
| | | | ļī. | 34 City | | El | 85 Zip | Code |
| other or n | to the provisions of Sections 607.050/ egistered agent, or both in the State of familiar with, and accept the obliga | of Florida, Such change was | authorized | by the cornors | rporation submits this statement for the patients board of directors. I hereby acce | ourpose of pt the appo | changing pintment as | its registered s registered |
| SIGNATURE | | | | | | | | |
| | Styr run it type for printed name of registers larger | | | Agent signature requ | ured when reinstating) | DATE | DIRECTO | DC IN 10 |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ured when reinstating) ADDITIONS/CHANGES TO OFFICE | | DIRECTO | |
| | OFFICERS AND | | | E | | | | RS IN 12 |
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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 off-cer or director of the corporation or the receiver or trustee empoyered to execute this report as required by Chapter 607, Fightida Statutes; and that my name appears in Block 12 or Riport 13 if changed, or on an attachment with an address.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIBE

30 / 9 /

Daytime Phone #