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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K03645

PUENTE AMBULATORY, INC.

Princepte Place of Business Mailing Address SSS NR F COURT SSS NR							
B985 W 87 COURT STE: 1/2 MAM F, 33176 2. Principal Place of Business 2. A. Malling Address 2. Principal Place of Business 2. A. Malling Address 2. Principal Place of Business 2. A. Filt Number 3. Date Incorporated or Qualified 11/2/1/1987 11/2/1987 2. Principal Place of Business 2. A. Malling Address 3. Date Incorporated or Qualified 11/2/1/1987 11/2/1987 2. Country 3. Suite Apt. 4, etc. 3. Certificate of Status Desired Se. 75, 43ddroinal Foo Required 3. Suite Apt. 4, etc. 3. Certificate of Status Desired Se. 75, 43ddroinal Foo Required 3. Suite Apt. 4, etc. 3. Certificate of Status Desired Se. 75, 43ddroinal Foo Required 3. Suite Apt. 4, etc. 3. Certificate of Status Desired Se. 75, 43ddroinal Foo Required 3. Suite Apt. 4, etc. 3. Certificate of Status Desired Se. 75, 43ddroinal Foo Required 3. Suite Apt. 4, etc. 3. Certificate of Status Desired Se. 75, 43ddroinal Foo Required 3. Suite Apt. 4, etc. 3. Certificate of Status Desired Se. 75, 43ddroinal Foo Required 3. Suite Apt. 4, etc. 4. Suite Apt. 4, etc.	Principal Place	e of Business	Mailing Address				
STE 112 US	•		•				
US 1. Date Incorporation of Qualified 11/20/1987 2. Principial Place of Business 2a. Making Address 3c. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 27 5. Certificate of Status Desired 5. Certificate 5. Ce		Juni					
11/20/1987	MIAMI FL 33176	6					
2. Principal Place of Business 2a, Malling Address 56,0003436 Not Applicable Not Applicable Society Suite Apt 4, etc. Suite Applicable Appli	US		U\$				
Sulfa, jul. 4, etc.	1						11/20/1987
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address				
Second State State Second Secon	21		26				65-0303436 Not Applicable
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				
Zip Country Zip Country Zip Country 8. This corporation over the current year intamplified Personal Property Tax. Yes No.	22		27				5. See Required
23	City & Stat	e	City & State	City & State			
25 29 30 Personal Property Tax Yes No	23						Trust Fund Contribution Added to Fees
PUENTE. ORLANDO A MD 8355 SW 87 COURT \$112 MIAMI FL 33176 11. Pursuant to the provisions of Sections 607 DK 2 and 607,1508. Florida Statutes. 11. Pursuant to the provisions of Sections 607 DK 2 and 607,1508. Florida Statutes. 11. Pursuant to the provisions of Sections 607 DK 2 and 607,1508. Florida Statutes. 11. Pursuant to the provisions of Sections 607 DK 2 and 607,1508. Florida Statutes. 12. Pursuant to the provisions of Sections 607 DK 2 and 607,1508. Florida Statutes. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. TITLE 17. OFFICERS AND DIRECTORS 17. STATUTE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. INCIDENT STATE 19. TITLE 19. DELETE 19. STREET ADDRESS 1	Zip	Country	Zip				
PUENTE_ ORLANDO A MD 8355 SW 87 COURT #112	24	· · · · · · · · · · · · · · · · · · ·		30			1,000,000,000
PUENTE, ORLANDO A MD 8355 SW 97 COURT \$112 MIAMI FL 33176 84 City Ft_ 85 Zip 15 ode 11. Pursuant to the provisions of 5-ections 607 05C 2 and 607 1508, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change war authorized by the corpo ation's board of directors. I hereby accept the ap pointment as re jistered agent, or both, in the State of Florida, Such change war authorized by the corpo ation's board of directors. I hereby accept the ap pointment as re jistered agent, or both, in the State of Florida, Such change war authorized by the corpo ation's board of directors. I hereby accept the ap pointment as re jistered agent, and remains with an adentification of the purpose of changing its registered agent, and remains with a corporation submitts this statement for the purpose of changing its registered agent, and remains with a corporation submitts this statement for the purpose of changing its registered agent, and submitted agent agent, and submitted agent, and submitted agent, and submitted		9. Name and Ad Iress of Curr	rer t Registered Agent		241	11	10. Name and Address of New Registered Agent
# 3355 SW 87 COURT # 112	DITE	NTE ODIANDO A MO			81	Name	
#112 MIAMI FL 33176 Ba				1	82	Street Add	dress (P.O. Bcx Number is Not Acceptable)
MIAMI FL 33176 B City FL 85 Zip roode	ľ						
### City ### Change Addition					83		
11. Pursuant to the provisions of Sections 607.05C2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or bith, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or bith, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and circle pit the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	WILKIN	WI FL 33176		ŀ	84	City	85 Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of orectors. I nereby accept the af poliminary as registered agent, or both, in the State of Florida. Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12.							I ⁺ L
Signature Sign	11, Pursuant	to the provisions of 5 ections 607.0	50 2 and 607,1508, Florida State	ites, the at	bove	-named (or	rporation submits this statement for the purpose of changing its registered
SIGNATURE Signature, typed or printed: aime of registered agent and tide of applicable. (NCTE registered Agent signature is used when remaining) DATE	agent. I a	registered agent, or both, in the otal im familiar with, and accept the obli	igations of, Section 607.0505, F	orida Statı	ites.	ine corpu at	Rion's Board of directors, Thereby decept the appointment as 1-3 sectors
12.	·						
TITLE	0,010,110112			E: Registered	Agent	signature re quir	
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CITY-ST-ZIP 14. I hereby certify that the inform ation supplied with this filing does not qualify for the exemption stated in Section 119.)7(3)(i), Florida Statutes. I furthe certify that the information indicated on this annual report or supplemental agreement and a supplemental agreement of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of

SIGNATURE: _

SIGN TURE AND TYPED CR PRINTE ME OF SIGNING OFFI ER OR DIRECTOR