

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUL 30 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K04461 (5)

1. Corporation Name

JOSE E. JAEN, M.D., P.A.

Principal Place of Business

Mailing Address

90 JOSE E. JAEN MD
7100 W 20 AVE. STE G-126
HIALEAH, FL 33016

same

2. Principal Place of Business

2a. Mailing Address

21 7100 W. 20 AVE.

26 7100 W. 20 AVE.

Suite Apt # etc

Suite Apt #, etc

22 STE. G-126

27 STE. G-126

City & State

City & State

23 HIALEAH FL

28 HIALEAH, FL

Zip

Country

Zip

Country

24 33016

25 USA

29 33016

30 USA

3. Date Incorporated or Qualified

3a. Date of Last Report

11/30/87

4. FEI Number

59-2857043

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAEN, JOSE E. MD.
7100 W 20 AVE STE G-126
HIALEAH, FL 33016

81 Name

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

83

84 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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE

NAME JAEN, JOSE E. MD.
STREET ADDRESS 7100 W 20 AVE STE G-126
CITY-ST-ZIP HIALEAH, FL 33016

12 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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*****200.00 *****200.00

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dist. No. Page #

CR2E034 (9/96)