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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90201 004 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **K18105**

1. Corporation Name
JULIO C. CRUZ M.D., P.A.



Principal Place of Business
 9055 SW 87TH AVE., SUITE 308
 MIAMI FL 33176

Mailing Address
 9055 SW 87TH AVE., SUITE 308
 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/15/1988

4. FEI Number
65-0034170

Applied For
 Not Applicable

2. Principal Place of Business
9055 SW 87 Ave

2a. Mailing Address

Suite, Apt. #, etc.
308

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip Country
33176 DADE

Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRUZ, JULIO C.
 9099-G SW 133RD COURT
 MIAMI FL 33186

81. Name **JULIO C. CRUZ**
 82. Street Address (P.O. Box Number is Not Acceptable)
25481 SW 198 AVE
 83.
 84. City **Homestead** FL 85. Zip Code **33031**

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: *Julio Cruz*

DATE: **4.26.99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE **P** DELETE
 NAME **CRUZ, JULIO C.**
 STREET ADDRESS **9099-G SW 133RD COURT**
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE **PRESIDENT** Change Addition
 1.2 NAME **JULIO C. CRUZ**
 1.3 STREET ADDRESS **25481 SW 198 AVE**
 1.4 CITY-ST-ZIP **Homestead, FL 33031**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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: *Julio Cruz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4.26.99** (305) 5988424
 DATE DAYTIME PHONE #

CR2E034 (1/1/98)