May 03, 1999 8:00 am Secretary of State

05-03-1999 90007 033 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K26733**

1. Corporation Name

IGNACIO) Magana, M.D., P.A.								
Principal Place	e of Business	Mailing Address				(4010 810 110 811(1 4 060	ICINE CITI BRES	Uldii Bieii Ulbii I	HEN BIDI IDGI
•		3370 BURNS RD	_						
STE 200 STE 200						,			
			I BEACH GARDENS FL 33410			DO NOT WR		S SPACE	
US US					:	3. Date Incorporated or Qualifed	l		
						06/14/1988			
2. Principal Pi	face of Business	2a. Mailing Address	-		1.	4. FEI Number			plied For
21		26				65-0055717		 _	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A	Additional equired -
22	a grant to which to	_ 27 City & State	 -						
City & State	е	 -			[]	Election Campaign Financing Trust Fund Contribution	\Box .	. \$5.00 Added t	, ,
23	Country	28	Countr			8. This corporation owes the cur	rent year Is		.01003
Zip		29 3	_ `	,	Ι,	Personal Property Tax.	rent year 11	Yes	□No
24	9. Name and Address of Curren		<u></u>		1	0. Name and Address of New	Registered		
	5. Name and Address of Curren	it rogisteroo rigorit	81	Name					
IGNA	ACIO, MAGANA MD		_		* > 1	· · · · · · · · · · · · · · · · · · ·	·		
3370	BURNS RD, STE 200		83	Street	Address	(P.O. Box Number is Not Accept	lable)		•
PALI	M BEACH GARDENS FL 33410		83	3			-		
	•		ļ	ļ					
			84],			F	1 1	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida, Such change was auti	nonzed by	ve-named	corporat oration's	tion submits this statement for the board of directors. I hereby acce	e purpose of the property of t	of changing its pintment as re	registered gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	ta Statute	s.		·		1	1
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statute	s. 			_	The same of the sa	
agent. I a	m familiar with, and accept the obligation of th	ent and title if applicable. (NOTE: R	a Statute	S. ent signature n		an reunstating)	DATE		
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of registered age OFFICERS At	ations of, Section 607.0505, Florid	tegistered Age	s. 			DATE		
agent. I a SIGNATURE 12. TITLE	im familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with and accept the obligation of familiar with and accept the obligation of familiar with, and accept the obligation of familiar with a second or familiar with a	ant and title if applicable. (NOTE: R	tagistered Age 13. 1.1 TITLE	s. ent signature n		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO	ant and title if applicable. (NOTE: R	tegistered Age 13. 1.1 TITLE 1.2 NAME	s. ent signature n		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ant and title if applicable. (NOTE: R	tagistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature n ET ADORESS		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO	ant and title if applicable. (NOTE: R	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature n ert ADORESS ST-ZIP		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: RND DIRECTORS	tagistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature n et ADDRESS ST-ZIP		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: RND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME	s. ent signature n ET ADDRESS ST-ZIP		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: RND DIRECTORS	Registered Agr 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI	ent signature n ET ADDRESS ST- ZIP ET ADDRESS		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: RND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY 2.1 TITLE 2.2 NAME	s. ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		an reunstating)	DATE	ND DIRECTO	DRS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: R ND DIRECTORS DELETE	tegistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		an reunstating)	DATE	ND DIRECTO ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		an reunstating)	DATE	ND DIRECTO ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent signature n ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS		an reunstating)	DATE	ND DIRECTO ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	ations of, Section 607.0505, Floridant and title if applicable. (NOTE: R ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		an reunstating)	DATE	ND DIRECTO ☐ Change	ORS IN 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AN PD MAGANA, IGNACIO 3370 BURNS RD STE 200	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY- 4.1 TITLE	ent signature n ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP		an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered age OFFICERS AT PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	13 STATUTE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 4.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	Registered Agrantation 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-2.1 TITLE 2.3 STREI 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREI 3.4 CITY-4.1 TITLE 4.2 NAME 4.3 STREI	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ET ADDRESS	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	13 STATUTE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 4.2 NAME	ent signature or ent signature or ent signature or ent address ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AP PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	Registered Agranda 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.3 STREI 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY-	ET ADDRESS ST-ZIP	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AP PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	Registered Agrantation 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-2.1 TITLE 2.3 STREI 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREI 4.2 ITY-4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY-5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAME	ET ADDRESS ST-ZIP	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AP PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	Registered Agrantation 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-2.1 TITLE 2.3 STREI 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREI 4.2 ITY-4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY-5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAME	ET ADDRESS ST-ZIP ET ADDRESS	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AP PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Int and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE DELETE	Registered Agrantation 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-2.1 TITLE 2.2 NAME 2.3 STREI 3.1 TITLE 3.2 NAME 3.3 STREI 4.2 CITY-4.1 TITLE 4.2 NAME 4.3 STREI 4.4 CITY-5.1 TITLE 5.2 NAME 5.3 STREI 5	ET ADDRESS ST-ZIP	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AP PD MAGANA, IGNACIO 3370 BURNS RD STE 200 PALM BEACH GRONS FL	Ations of, Section 607.0505, Floridation of, Section 607.0505, Floridation of the interest of	Registered Agrant Agran	ET ADDRESS ST-ZIP ST-ZIP	required whe	an reunstating)	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition Addition

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 or an attachment with an address; with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

421199