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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K40172 1. Corporation Name

SOUTH FLORIDA PULMONARY & CRITICAL CARE ASSOCIAT ES, P.A.

Principal Place of Business		Mailing Address				
% ANDRES A. REDONDO 2601 SW 37TH AVE STE 604 MIAMI FL 33133		% ANDRES A. REDONDO 2601 SW 37TH AVE STE 604 MIAMI FL 33133		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 10/20/1988		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0081041	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	S	28	On contract	Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip [29]	Country 30	This corporation owes the current year In Personal Property Tax.	ntangible MYes □No	
24]	9. Name and Address of Current		30	10. Name and Address of New Registered	Agent	
	2		81 Name			
JORG	GE SANCHEZ-MASIQUES, MD					
2601	SW 37TH AVE STE 802		82 Stree	et Address (P.O. Box Number is Not Acceptable)	i kan oka ka moraza i	
MAIM	/II FL 33133		83			
}			84 City	र्वे विकास के जिल्ला कर के किया है जिल्ला	85 Zip Code	
				<u> </u>	-	
			e the above-name	d corporation submits this statement for the purpose o	f changing its registered	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	thorized by the cor	poration's board of directors. I berefy accept the appo	intment se registered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was au	thorized by the cor	poration's board of directors. I hereby accept the appo	intment as registered	
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the cor da Statutes.	poration's board of directors. I hereby accept the apport	intment as registered	
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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 an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90038 041 ***150.00

305-567-1999