PROFIT CORPORATION ANNUAL REPORT

1999

Corporation Name

DOCUMENT # K42801



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90285 008 \*1,200.00

F. I. HEF	RNANDEZ, M.D., INC.				
		14-:G Add	<u> </u>		EL BIDIT GERIT BIBIT GERIT BIBIT ERRI
Principal Place		Mailing Address			
111111111111111111111111111111111111111		1414 KUHL AVE			
011211100 12 02000		ORLANDO FL 32806		DO NOT WRITE IN TH	HS SPACE
		US		3. Date Incorporated or Qualifed	
				11/02/1988	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	100 01 20011000	26		59-2925842	Not Applicable
Suite, Apt.	# etr	Suite, Apt. #, etc.			\$8.75 Additional
22	n, 6.6.	27		5. Certifcate of Status Desired	Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	a This corporation owes the current year	Intangible
	25		30	Personal Property Tax.	Yes □No
24	g. Name and Address of Curre		<u> </u>	10. Name and Address of New Register	ed Agent
· · · · · ·	5. Name and Addition of Bayes		81 Name		
PAUL GOLDSTEIN			ļ. <u>.</u>		
1414 KUHL AVENUE			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	ANDO FL 32806		83		
J.,,_					
i			84 City		85 Zip Code
				prporation submits this statement for the purpose	
office or r	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was at ations of, Section 607.0505, Flor	ithorized by the corbora	ation's board of directors. Thereby accept the ap	pointment as registered
42		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	PD	☐ DELETE	1,1 TITLE	7.05/11/01/01/01/01/01/01/01/01/01/01/01/01/	Change Addition
	HILLENMEYER, JOHN		12 NAME		
NAME	A 4 4 4 1/1 H III A 1/2-		1,3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	□ pere₁e	2.1 TITLE		
NAME	JOHN BOZARD		2.2 NAME		
STREET ADDRESS	1414 KUHL AVENUE				
CITY-ST-ZIP	ORLANDO FL		2.3 STREET ADDRESS		
TITLE	₹ <b>TD</b>		2.4 CITY-ST-ZIP		Charac Addition
1 31445	,	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	PAUL GOLDSTEIN	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
STREET ADDRESS	PAUL GOLDSTEIN 1414 KUHL AVENUE	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
]	PAUL GOLDSTEIN		2. 4 C/TY-ST-Z/P 3.1 TITLE 3.2 NAME		
STREET ADDRESS	PAUL GOLDSTEIN 1414 KUHL AVENUE	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
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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.

6.4 CITY-ST-ZIP