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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K68429

(5)

J. OCTAVIO SALAZAR M.D., P.A.

FILED	
Apr 22 1997 8:00am	]
Secretary of State	
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2. Principal Place of Business	Applied For Not Applicable  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees x under s. 199 032, No
Suite, Apt #, etc   Suit	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees x under s. 199 032, No
Suite, Apt. #, etc.    Suite, Apt. #, etc.	\$5.00 May Be Added to Fees ix under s. 199.032, No
City & State  Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  R. This corporation has liability for intangible tat Florida Statutes  Florida Statutes  SALAZAR, OCTAVIO J  3925 ACOMA DRIVE  ORMOND BEACH FL 32174   11. Pursuant to the provisions of Sections of October and Early for the State of Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent of both of the State of Florida Statutes, the above-named corporation's board of directors. Thereby accept the appoint agent of the collegations of Section EO CSOS, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  R. This corporation has liability for intangible tate Florida Statutes  Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  FL.  11. Pursuant to the provisions of Sections EO CSOS, Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent statement for the purpose of office or registered agent state	Added to Fees ix under s. 199.032, No
Zip   Country   Zip   Country   St. This corporation has liability for intangible tax   Florida Statutes   Yes	No
SALAZAR, OCTAVIO J 3925 ACOMA DRIVE ORMOND BEACH FL 32174  11. Pursuant to the provisions of 600 ons 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent 4 bott), in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent 1 am familiar with a 3 bots of the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. THIE NAME SIRET ADDRESS OTH-ST-2P  THE NAME SIRET ADDRESS CIT-ST-2P  DELETE 21 TITLE 22 NAME SIRET ADDRESS CIT-ST-2P  23 STREET ADDRESS CIT-ST-2P  24 CITY-ST-2P	ent
3925 ACOMA DRIVE ORMOND BEACH FL 32174  B3 B4 City  FL  11. Pursuant to the provisions of Sections 69, 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent of both, if the State of Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent of the State of Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent and the Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  Submits bygget procedures of registered agent and the of applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SIRKET ADDRESS  CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  SHREET ADDRESS  CITY-ST-ZIP  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  2.4 CITY-ST-ZIP	
3925 ACOMA DRIVE ORMOND BEACH FL 32174  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL    11. Pursuant to the provisions of 600 ons 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of change or registered agent a both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent it am familiar with a provision of Section 607,0505, Florida Statutes.  SIGNATURE  Substitute (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZIP  DELETE 1.1 TITLE  SALAZAR, OCTAVIO J  12. NAME  SIRET ADDRESS  CITY-ST-ZIP  DELETE 21 TITLE  22. NAME  SIRET ADDRESS  CITY-ST-ZIP  DELETE 2.3 STREET ADDRESS  CITY-ST-ZIP  23. STREET ADDRESS  CITY-ST-ZIP  24. CITY-ST-ZIP	
11. Pursuant to the provisions of Sections 67, 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of of office or registered agent if both in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent familiar with a packetit the obligations of Section 607, 0505, Florida Statutes.  SIGNATURE  SIGNATURE  STATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. THIE  NAME  SIGNATURE  SALAZAR, OCTAVIO J  12. ADME  SIBERT ADDRESS  CITY-SI-ZIP  TRIE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-SI-ZIP  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-SI-ZIP  TRIE  LACTY-SI-ZIP  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-SI-ZIP	
11. Pursuant to the provisions of Sections 697.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of coefficient or registered agent of both, in this State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appoint agent it am familiar with a page of the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature type to provide the of registered agent end for it applicable. (NOTE: Registered Agent signature required when reinstating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. TITLE  NAME  SIREFI ADDRESS  CITY-SI-76P  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  ORMOND BEACH FL 32174  DELETE  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-SI-76P  2.4 CITY-SI-76P	
SIGNATURE  Signature typical project and project agent and the diagnostic (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  INTE  NAME  SIREET ADDRESS  CITY-SI-7/P  TOTE  NAME  SIREET ADDRESS  CITY-SI-7/P  SIREET ADDRESS  CITY-SI-7/P  SIREET ADDRESS  CITY-SI-7/P  SIREET ADDRESS  CITY-SI-7/P  CITY-SI-7/P  SIREET ADDRESS  CITY-SI-7/P  2.3 STREET ADDRESS  CITY-SI-7/P  2.4 CITY-SI-7/P  2.4 CITY-SI-7/P	85 Zip Code
THE	nanging its registered nament as registered
NAME   SALAZAR, OCTAVIO J   1.2 NAME   3925 ACOMA DRIVE   1.3 STREET ADDRESS   ORMOND BEACH FL 32174   1.4 CITY-ST-ZIP   TRLE   DELETE   2.1 TITLE   L. NAME   STREET ADDRESS   CITY-SI-ZIP   2.3 STREET ADDRESS   CITY-SI-ZIP   2.4 CITY-ST-ZIP   2	DIRECTORS IN 12
STREET ADDRESS   3925 ACOMA DRIVE   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP	Change Addition
C   TY - ST - ZIP   ORMOND BEACH FL 32174	
TREE         DELETE         2.1 TITLE           NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CTY - ST-ZIP         2.4 CTY - ST-ZIP	
NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           COTY-ST-ZIP         2.4 CITY-ST-ZIP	
STREET ADDRESS   2.3 STREET ADDRESS	Change L Addition
City-St-7iP 2.4 CiTY-ST-7iP	
	Change
NAM: 3.2 NAME	2 Change naunter
SCHEET ADDRESS  3.3 STREET ADDRESS	
CHY+SI-70* 3.4 CHY-ST-ZIP	
	Change Addition
NOME 4.2 NAME	•
STREET ADDRESS 4.3 STREET ADDRESS	
CITY ST ZIP	
THEF DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CHY ST-ZP 54 CITY-ST-ZIP	
	Change Addition
NAME 62 NAME	
STREET ACORESS 63 STREET ADDRESS	
OffY-ST-ZIP 6.4 CrTY-ST-ZIP	

14. I do horeby 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 who 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 changing only at attachment with an address.

SIGNATURE: