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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State .

DIVISION OF CORPORATIONS

DOCUMENT # K75168

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90050 008 ***150.00

1. Corporation	on Name							
ANTONI	o gandia, M.D., P.	Α.						
					! 1881811: 031 1860: 03101 13 113 0 1181 1861 018	i altı elen elek i		
Principal Plac	ce of Business	Mailing Address				n militi dišti militi m	1011 91911 1087	
9665 NW 63RD		9665 NW 63RD PLACE						
PARKLAND FL	33076	PARKLAND FL 33076			DO NOT WRITE IN TH	IS SPACE		
		•			3. Date Incorporated or Qualifed			i
	,				03/24/1989			1
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apı	olied For	٥.
21		26			65-0100024	No	Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 △		
22		27					quired -:	
City & Sta	te .	City & State		~~~~~ <u>~</u>	6: Election Campaign Financing	~~~\$5:00°		-
Zip	Country		Country		Trust Fund Contribution	Added to	rees	1
24	25	29	30		 This corporation owes the current year leading to the personal Property Tax. 		□No	
24		of Current Registered Agent	1001		10. Name and Address of New Registere			
	13. 17	3 3 COS.:	81 Na	me	- Address Control			
	idia, tony		82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)			l
	5 NW 63 PLACE	•	92 94	0017100101	26 (1997) Control of the Company			
PAH	IKLAND FL 33076	·	83			3.00		
	•	•	84 Cit	v		85 Zip C	óde	1
			1011 011	,	_			ļ
Mark Durainant	to the provisions of Soction	on 607 0502 and 607 1509. Elorido Sta		•	Extraction submits this statement for the purpose	of changing its	ragistared	
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Florida Sta the State of Florida. Such change wa	atutes, the above-names authorized by the o	•	ration submits this statement for the purpose 's board of directors. I hereby accept the app	of changing its cointment as reg	registered jistered	
agent. I a	am familiar with, and accept	ns 607.0502 and 607.1508, Florida Sta the State of Florida. Such change wa the obligations of, Section 607.0505,	atutes, the above-names authorized by the o	•	ration submits this statement for the purpose o's board of directors. I hereby accept the app	of changing its pointment as reg	registered jistered	
11. Pursuant office or agent. I a	am familiar with, and accept	the obligations of, Section 607.0505,	atutes, the above-names authorized by the o	ned corpor corporation		of changing its pointment as reg	registered istered	
agent. I a	am familiar with, and accept	the obligations of, Section 607.0505,	atutes, the above-name is authorized by the of Florida Statutes.	ned corpor corporation				(60)
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4. 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 the same legal effect as if made under oath; that I am an officer of tilirector 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 12.0; Block 13.0; B

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-11-99

(954) 399-1414

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