


AMOUNT DUE ON OR BEFORE 07/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

07-28-1999 90006 036 ***155.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K97395 1. Corporation Name SERGIO R. COLLADO, M.D., P.A.			
Principal Place of Business 501 LIVE OAK ST. NEW SMYRNA BEACH FL 32168 US		Mailing Address 501 LIVE OAK ST. NEW SMYRNA BEACH FL 32168 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 06/17/1989		4. FEI Number 65-0131760	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent COLLADO, SERGIO R. 501 LIVE OAK STREET NEW SMYRNA BEACH FL 32168		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME COLLADO, SERGIO R. STREET ADDRESS 501 LIVE OAK ST. CITY-ST-ZIP NEW SMYRNA BEACH FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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.			
SIGNATURE: <u><i>SERGIO R. COLLADO</i></u> SIGNATURE REQUIRED <u>7/21/99</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (5/99)



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607214-90003

Sergio R. Collado, M.D., P.A.

**501 Live Oak Street
New Smyrna Beach, Florida 32160-7312
Telephone: 904-426-2060 Fax: 904-426-6533**

August 10, 1999

Annual Reports Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam::

We transferred all activity of our medical practice to Atlantic Cardiology, LLP in August of 1998. Due to the name and address change, we do not recall receiving the first notice for the Corporate Annual Report. We promptly paid the annual report fee after receiving the second notice.

We request an abatement of penalty for this return and understand which returns need to be filed. This situation will not occur in the future.

Thank you for your time and consideration.

Sincerely,

SERGIO R. COLLADO, M.D., P.A.

A handwritten signature in black ink, appearing to read "Sergio R. Collado".

Sergio R. Collado, M.D.
President