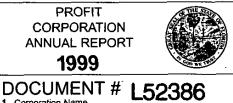
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90078 044 ***150.00

ALEJANI	DRO LOYNAZ, M.D., P.A.			•			
Principal Place	e of Business	Mailing Address			{	(itil minit mikil minit k	IBIL DIGIT DIBIL 1881
2601 S.W. 37 AVE. 2601 S.W. 37 AVE.							
STE. 802 STE. 802							
		CORAL GABLES FL 33133	.33		DO NOT WRITE IN THIS SPACE		
US		U\$			3. Date Incorporated or Qualifed		
				 .	02/20/1990 4. FEI Number		Applied For
2. Principal P	lace of Business	2a. Mailing Address				[Not Applicable
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		65-0177346	\$8.7	5 Additional
22		27		5. Certifcate of Status Desired	ertificate of Status Desired Fee Required		
City & Stat	e· .	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	ry	8. This corporation owes the current		<u></u>
24 .	25		30		Personal Property Tax.	Yes	□No
 	9. Name and Address of Curr	ent Registered Agent		Name	10. Name and Address of New Reg	isterea Agent_	
900	DON INDGE		`	Name			
Borron, Jorge 255 University Drive			ε	82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134			}.	83			
CON	TAL CABLES FL 33134)3			
			8	84 City FL 85		Zip Code	
•	·				and the statement for the number of		ite registered
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was algations of, Section 607.0505, Flor	uthorized trida Statut	by the corporati	poration submits this statement for the purion's board of directors. I hereby accept the	ne appointment a	s registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE	Registered A	gent signature require		DATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1,1 TITL	<u> </u>		. Char	nge
NAME	LOYNAZ, ALEJANDRO, M.D.		1.2 NAM	Ε.			. }
STREET ADDRESS	2601 S.W. 37 AVE., STE. 80	2	1.3 STR	EET ADORESS			ļ
CITY-ST-ZIP	MIAMI FL		_	-ST-ZIP			Addition
TITLE		☐ DELETE	2.1 TITL			Char	nge Addition
NAME			2.2 NAM	E			}
STREET ADDRESS	A Contract Day of the Contract	• • •	2.3 STR	EETADDRESS	• •	. 	
CITY-ST-ZIP				/-ST-ZIP			noitiba D addition
TITLE		☐ DELETE	3.1 TITL			, Char	nge 🗌 Addition
NAME	P. Carlotte		3.2 NAM				-
STREET ADDRESS				EET ADDRESS			[
CITY-ST-ZIP			_	/-ST-ZIP		Char	nge Addition
TITLE		☐ DELETE	4.1 TITU			☐ Char	ige Addition
NAME			4. 2 NAN				
STREET ADDRESS	\			EET ADDRESS			ļ
CITY-ST-ZIP			_	-ST-ZIP			nge
TITLE	*	☐ DELETE	5.1 TITL	J		Char	ige Audition
NAME			5.2 NAM				, [
STREET ADDRESS				EET ADDRESS			1
CITY-ST-ZIP			_	-ST-ZIP			nge
TITLE	A Company of the company	☐ DELETE	6.1 TITL	1		Char	#Re Maddition
NAME			6.2 NAM	E }			1

14. 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGN NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR P

774-0277