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

**FILED PROFIT** Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (3)HENRY A. VILLEGAS, M.D., P.A. Mailing Address Principal Place of Business 3300 PGA BLVD., STE. 810 3300 PGA BLVD., STE. 810 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1990 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0171993 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VILLEGAS, HENRY A MD BATTOW SUTH ST 14111 SW 1244 Ter. Street Address (P.O. Box Number is Not Acceptable) 82 83 MIAMI FL 83176 33196 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NCHE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT Change Addition DELFTE 1.1374 THILE HEHRY A VILLEGAS VILLEGAS, HENRY A 1.2 NAME NAME 14711 SW 112th Teri 8741 SW 94TH ST., APT 23 13 STREET ADDRESS STREET ADORESS FC 33196 14 CITY-ST-ZIP Meani CITY-ST ZIP Change Addition DETETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CHY-ST ZIP \_\_\_ Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-7IP 3.4 CITY-ST-ZIP DELETE 41 TITLE Change Addition DILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY-ST-ZIE Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP 5.4 City-St-ZiP Addition DELETE 6.1 TITLE TITLE

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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statisficated on this annual report or supplience tal annual report is true and accurate and that my signature shall have the same legal endicated on this annual report or supplience tal annual report is true and accurate and that my signature shall have the same legal endicated on director of the corporation of the receiver or trustee compowered to execute this report as required by Chapter 607, Florida Block 12 or Block 13 if changed, or on an attachment with an attachment with an attachment with a supplier section.

SIGNATURE:

6.3 STREET ADDRESS

y that the information der oath; that I am an my name appears in

305-752-3614

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NAME

STREET ADDRESS

CITY-ST-ZIP