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 # L86348 (4) DR. JOSE OJEA, M.D., P.A. Principal Place of Business Mailing Address								
C/O DR. JOSE OJEA 6680 LANTANA RD SUITE 3 LAKE WORTH FL 33467		C/O DR. JOSE OJEA 6880 LANTANA RD SUITE 3 LAKE WORTH FL 33467-6560						
						3. Date Incorporated or Qualified 07/09/1990	3a. Date of Last F 03/26/1996	Report .
1 '	ace of Business	2a. Mailing Address				4. FEI Number 65-0202093	}	pplied For
21] Suite, Apt	#, etc.	Suite, Apt. #, etc.			-11.11.7	5. Certificate of Status Desired		lot Applicable . Additional
22		27 City & State					Fee R	tequired
City & State	9	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country 29 30				liability for intangible tax under s. 199.032,		
24	25 29 9. Name and Address of Current Registered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
OJEA, JOSE DR. 81 Name					Name			7111111
6 KEPNER DRIVE				82	Street Address (P.O. Box Number is Not Acceptable)			
BOYNTON BEACH FL 33435				83				
				84	City		 85 Zip	Code
							FL	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorize	ed by t	named corp he corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing in the appointment as	lts registered registered
	Signature, typical or printed name of registered ager				signature require	ed when reinstating)	OATE	OC IN 10
12.				13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	OJEA, JOSE DR.			1.2 NAME			-	
SPREET ADDRESS	12087 OLD COUNTRY ROAD		- 1	STREET AL	· · · · · }			
CITY - ST - ZIP TITUE	WELLINGTON FL	DELETE		CITY-ST- TITLE	ZIP		Change	Addition
NAME		hand Desire to	22 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		DDRESS			
C(1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		□ DELETE	2.4 CiTY-ST-ZiP		- ZIP		[Character	Addition
TITLE NAME		U VELETE	DELETE 3.1 TITLE 3.2 NAME				Change	☐ Addition
STREEL ADDRESS				STREET AC	DDRESS			
CHY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			CITY-ST-	ZIP			
Title.				4.1 TITLE 4.2 NAME			Change	Addition
NAME STREET ADDRESS				NAME STREET AL	DDRESS			
CITY-ST-ZIP			1 -	CITY-ST-	1			
THILE		☐ DELETE	5.1 T	TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS			1	STREET AL CIYY-ST-	l			
CITY ST-7IP	 	DELETE		title	ZIP		☐ Change	Addition
NAME				NAME			~	
STREET ADDRESS			6.3 \$	STREET AL	DORESS			
CHY-SI-ZIF				CITY-ST-			·····	
informatio Lam an ol	in indicated on this amout report or s flicer or director of the corporation of	I with this filing does not qua implemental annual report is the receiver or trustee empo on an attachment with an a	true and wered to	e exem accure execut	iption stated ate and that te this report	I in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	s. I further certify that if effect as if made ur itatutes; and that my	t the nder oath; that name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

(SQ1) (42-5711)
Daytime Phone #

FILED

Mar 28 1997 8:00am

Secretary of State