


FILED

Mar 28 1997 8:00am
Secretary of State

<div style="display: flex; justify-content: space-between;"><div>PROFIT CORPORATION ANNUAL REPORT 1997</div><div style="text-align: center;"></div><div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div></div>	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # L86348</div><div>(4)</div></div>	
1. Corporation Name DR. JOSE OJEA, M.D., P.A.	
Principal Place of Business C/O DR. JOSE OJEA 6680 LANTANA RD., SUITE 3 LAKE WORTH FL 33467	Mailing Address C/O DR. JOSE OJEA 6680 LANTANA RD., SUITE 3 LAKE WORTH FL 33467-6560
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country
9. Name and Address of Current Registered Agent	
OJEA, JOSE DR. 6 KEPNER DRIVE BOYNTON BEACH FL 33435	
81 Name	
82 Street Address	
83	
84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and true if applicable</small>	
<small>(NOTE: Registered Agent signature required)</small>	
12. OFFICERS AND DIRECTORS	
1. TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP OJEA, JOSE DR. 12087 OLD COUNTRY ROAD WELLINGTON FL
2. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
3. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
4. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
5. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
6. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
7. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
8. TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
13.	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment, with an address.	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	



CR2E034 (9/96)