

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

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Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90004 050 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M03120
 1. Corporation Name
FRANCISCO L. PADRON, M.D., P.A.

Principal Place of Business Mailing Address
2900 Palm Avenue Hialeah, FL. 33012 **7275 SW 21 Street Miami, FL. 33155 US**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
07-25-1984

2. Principal Place of Business 2a. Mailing Address
 21 **3320 Palm Avenue** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 27
 City & State City & State
 23 **Hialeah, Florida** 28
 Zip Country Zip Country
 24 **33012** 25 **USA** 29 30

4. FEI Number Applied For
59-2428702 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
FRANCISCO L. PADRON M.D.
7275 SW 21 Street
Miami, FL. 33155 USA

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ **7-19-99** **305-885-8511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

M03/20
599438-90004-50

FRANCISCO L. PADRON, M.D., P.A.

3320 Palm Avenue, Hialeah, FL. 33012 Ph (305) 885-8511

July 19, 1999

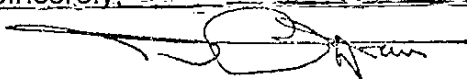
Annual Reports Filings
Division of Corporations
P.O. Box 1500
Tallahasee, FL 32302-1500

To whom it may concern,

Please be advised that I never received the 1st or 2nd notices for the filling of the 1999 Profit Corporation Annual Report. It is likely that the mail was lost due to the relocation of my office on September 1998.

I sincerely apologize for the delay in submitting the annual report, and would be eternally grateful if you would accept the completed form and the attached check in the amount of \$158.75.

Sincerely,



Francisco L. Padron M.D.