

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am  
Secretary of State

0023086

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M06939** (6)

1. Corporation Name  
**ARMANDO A. SANTELICES, M.D., P.A.**

Principal Place of Business <b>7100 WEST 20TH AVE., SUITE 801 STE - 808 HIALEAH FL 33016 US</b>	Mailing Address <b>7100 WEST 20TH AVE., SUITE 801 HIALEAH FL 33016</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5000 University Drive</b> Suite, Apt. #, etc. 22 <b>3RD FLOOR</b> City & State 23 <b>CORAL GABLES Florida</b> Zip Country 24 <b>33146-2005 US</b>	2a. Mailing Address 26 <b>P.O. BOX 822205</b> Suite, Apt. #, etc. 27 <b>-</b> City & State 28 <b>SOUTH Florida</b> Zip Country 29 <b>33082-2205 30 US</b>
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3. Date Incorporated or Qualified <b>11/01/1984</b>	4. FEI Number <b>59-2459075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SANTELICES, ARMANDO, A, MD  
7100 W 20 AVE  
#808  
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name <b>SANTELICES, ARMANDO A, M.D.</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>5000 UNIVERSITY DRIVE</b>
83 <b>3RD FLOOR</b>
84 City <b>CORAL GABLES</b>
85 Zip Code <b>FL 33146</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTELICES, ARMANDO A.</b>	
STREET ADDRESS	<b>318 SW 188 TERR</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASALES, VIVIAN</b>	
STREET ADDRESS	<b>380 SW 187 AVE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/98 (305) 669-2351

CR2E034 (5/98)