

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M16863

1. Corporation Name

RAFAEL PRATS JR M.D., P.A.

Principal Place of Business

7100 W 20TH AVE. SUITE G166
STE 219
HALEAH FL 33016

Mailing Address

7100 W 20TH AVE. SUITE G166
STE 219
HALEAH FL 33016

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 4651 SHERIDAN ST

27 SUITE 400

28 HOLLYWOOD FL

29 33021 30 Country

9. Name and Address of Current Registered Agent

PRATS, RAFAEL JR.
3618 MATHESON AVE.
COCONUT GROVE FL 33134

3. Date Incorporated or Qualified

06/14/1985

4. FEI Number

59-2541737

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name JIM A MARTUS

82 Street Address (P.O. Box Number is Not Acceptable)
4651 SHERIDAN STREET

83 SUITE 400

84 HOLLYWOOD

FL 85 Zip Code
33021

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 of the registered agent and the individual

(NOTE: Registered Agent's grant is required when not stated)

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME PRATS, RAFAEL JR
STREET ADDRESS 3618 MATHESON AVENUE
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

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TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

3000002841419

-04/16/99-01008-011

****300.00 ****150.00

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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: RAFAEL PRATS M.D., P.A.
JIM A MARTUS, V.P.
JIM A MARTUS, ATTORNEY IN FACT.

April 13, 1999

(954)986-7770

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CR2E034 (11/98)