

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # M22636 (8)

1. Corporation Name
RAMON J. IGLESIAS, M.D. PROFESSIONAL ASSOCIATION



Principal Place of Business C/O RAMON J. IGLESIAS MD 7000 SW 62ND AVE SUITE 525 S MIAMI FL 33143 US	Mailing Address C/O RAMON J. IGLESIAS MD 7000 SW 62ND AVE #525 S MIAMI FL 33146 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 HEALTHSOUTH DOCTORS HOSPITAL Suite, Apt. #, etc. 22 5000 UNIVERSITY DR. 3RD FLOOR City & State 23 CORAL GABLES, FL Zip 24 33146 Country 25 USA	2a. Mailing Address 26 HEALTHSOUTH DOCTORS HOSPITAL Suite, Apt. #, etc. 27 5000 UNIVERSITY DRIVE 3RD FLOOR City & State 28 CORAL GABLES, FL Zip 29 33146 Country 30 USA
---	--

3. Date incorporated or Qualified 10/29/1985	4. FEI Number 59-2599996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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

IGLESIAS, RAMON J. MD
7000 SW 62 AVE #525
S MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name IGLESIAS, RAMON J. MD
82 Street Address (P.O. Box Number is Not Acceptable) HEALTHSOUTH DOCTORS HOSPITAL
83 5000 UNIVERSITY DR. 3RD FLOOR
84 City CORAL GABLES FL 85 Zip Code 33146

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME IGLESIAS, RAMON J.	
STREET ADDRESS 7000 SW 62 AVE - SUITE 525	
CITY-ST-ZIP S MIAMI FL	
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 DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME IGLESIAS, RAMON J.	
1.3 STREET ADDRESS HEALTHSOUTH DOCTORS HOSPITAL	
1.4 CITY-ST-ZIP 5000 UNIVERSITY DRIVE, 3RD FLOOR CORAL GABLES, FL 33146	
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 _____ **4/1/98 (305) 661-0088**

CR2E034 (10/97)