(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
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AND
FILED
'87 FEB 10 PM 1:08

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $25 Required — Make Checks Payable To: *Secretary of State*

1 Name and Address of Corporation Principal Office

M24640 8
SANCHEZ (GABRIEL), M.D., P.A.
% MARTIN MONCARZ
200 S.E. 6 STREET, STE 501
FT. LAUDERDALE, FL 33301

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21: 8251 W.Broward Blvd.
P.O. Box No. 22: Suite #406
City and State 23: Plantation, Florida
Zip Code 24: 33324

3 Date Incorporated or Qualified To Do Business in Florida: 12/16/1985

4 Federal Employer Identification Number (FEIN): 59-2620804

5 Date of Last Report: 09/30/1986

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors 1	Title 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
SANCHEZ, GABRIEL	D/O	4302 W BROWARD BLVD. #100	PLANTATION, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

MONCARZ, MARTIN
200 S.E. 6 STREET
SUITE 501
FT. LAUDERDALE, FL 33301

8 Name and Address of New Registered Agent

Name 81: GABRIEL SANCHEZ
Street Address 1 (Do NOT Use P.O. Box Number) 82: 8251 W. Broward Blvd. Suite 406
Street Address 2 (Do NOT Use P.O. Box Number) 83:
City and State 84: Plantation, Florida FL
Zip Code 85: 33324

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE [signature] DATE 2/6/87
(Registered Agent Accepting Appointment)

$3.00 additional fee required for Registered Agent changes.

10 *See signature restriction is under instructions on reverse side of this form.*

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer signing must be listed in Block 6)

Signature		Date
Typed Name of Signing Officer	Title Pres.	Telephone Number

11 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED ☐

$5 Additional Fee required for a Certificate of Status

CR2E034 (1/86)