

[Empty rectangular box]

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

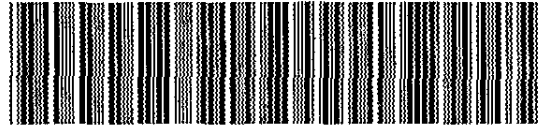
PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



600037613886

Office Use Only

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
DO NOT WRITE IN THIS SPACE

1990 FEB 11 10 38

Read Notice and Instructions on Other Side Before Making Entries.  
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

M24640 8

ZIP + 4 PRESORT

GABRIEL SANCHEZ, M.D., P.A.  
8251 W. BROWARD BLVD.  
SUITE 406  
PLANTATION, FL. 33324-2707

If Address in Block 1 is in care of a delivery point, please do not use address below. P.O. Box number is for a NOT surface. The NAME of this corporation can be changed only by filing a new statement.

Street Address 21

P.O. Box Number 22

City and State 23

Zip 24

Do not address envelopes to this box, enter the correct address on the back of the envelope.

Date of Filing

12/16/1985

Telephone Number

59-2620604

EE Number

EE Number Next Year

Name and Address of Officer or Director. Do not use any correction tape or that to cover over incorrect information.

Name of Officer

Street Address of Officer

Do NOT Use Post Office Box Numbers

D/O/P SANCHEZ, GABRIEL

4302 W BROWARD BLVD. #100

PLANTATION, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

SANCHEZ, GABRIEL  
8251 W. BROWARD BLVD.  
SUITE 406  
PLANTATION, FL. 33324

Name of New Registered Agent

Name and Address of New Registered Agent

Street Address 1 (Do NOT Use P.O. Box Numbers) 82

Street Address 2 (Do NOT Use P.O. Box Numbers) 83

City and State 84

FL

I, the undersigned, in compliance with the provisions of Sections 607.014 and 607.017, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, hereby appoints you as its registered agent or registered agent in charge in the State of Florida. The corporation was organized by resolution, duly adopted by its board of directors on \_\_\_\_\_.

I hereby accept the appointment of registered agent in charge with full knowledge of the obligations of Section 607.015, F.S.

SIGNATURE

Registered Agent Accepting Appointment

DATE

This certificate is the responsibility of the registered agent or registered agent in charge and shall be signed by the registered agent or registered agent in charge. It shall be filed with the Department of State. The registered agent or registered agent in charge shall be held responsible for the accuracy of the information furnished hereon. The registered agent or registered agent in charge shall be held responsible for the accuracy of the information furnished hereon.

Signature

*Gabriel Sanchez*

Date

2/9/90

Typed Name of Secretary, Officer or Director

Title

Telephone Number

476-1121

If Secretary or Officer or Director of Status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status