

[Empty rectangular box]

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

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

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

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

PICK-UP     WAIT     MAIL

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

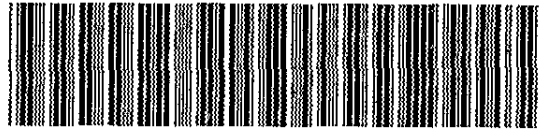
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

[Empty rectangular box]

Office Use Only



700037613877

**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

**CORPORATION**  
**ANNUAL REPORT**  
**1989**



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

**APPROVED**  
DO NOT WRITE IN THIS SPACE

1989 MAY 12 PM 12:30

TALLAHASSEE, FLORIDA

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

1 Name and Address of Corporation Principal Office

ZIP + 4

M24640 8  
SANCHEZ (GABRIEL), M.D., P.A.  
8251 W. BROWARD BLVD.  
SUITE 406  
PLANTATION, FL. 33324

If your address is incorrect in any way, enter the correct address  
in the appropriate Zip Code

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

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

3 Date of Last Report

12/16/1988

4 Federal Employer Identification Number (FEIN)

59-2620604

5 Date of Last Report

10/04/1988

6 Names and Street Addresses of Each Officer and Director as of December 31, 1988

Name of Officers and Directors

Street Address of Each Officer and Director

(Do NOT Use Post Office Box Numbers)

City and State

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 #1

A Name and Address of New Registered Agent

Street Address 7 (Do NOT Use P.O. Box Numbers) B2

Street Address 2 (Do NOT Use P.O. Box Numbers) B3

City and State B4

FL

I, the undersigned, the registered agent in sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, where the principal office of the corporation is being so registered, officer or registered agent, do hereby certify that the above was submitted by resolution duly adopted by its Board of Directors on \_\_\_\_\_

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

SIGNATURE

Registered Agent Accepting Appointment

DATE

11 I, the undersigned, do hereby certify that I am a resident and business in Florida

Use to prepare instructions, proper attachments, and return to file of this form

Noting that an officer or director of the Corporation, the Registrar or Trustee Empowered, I will file this filing as Required by Chapter 607, F.S.

Number, County, Title, and My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath

(Officer or Director signing must sign in Block #1)

Signature *Gabriel Sanchez*

Date

Title Name of Signing Officer or Director

GABRIEL SANCHEZ

Title

PRESIDENT

Telephone Number

(305) 476-1121

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status