

[Empty rectangular box]

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

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

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

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

PICK-UP     WAIT     MAIL

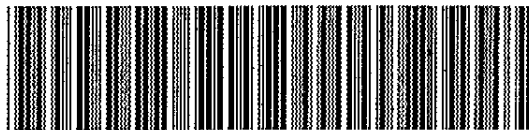
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



800037613868

FILE NOW, OF THIS CORPORATION WILL BE DISSOLVED ON NOVEMBER 4, 1988!

CORPORATION

ANNUAL REPORT  
1988



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

AND

NOV 16 1988

REC-488 371

**Read Notice and Instructions on Other Side Before Making Entries**  
**Filing Fee of \$25 Required — Make Checks Payable To: Secretary of State**

M24640 8  
SANCHEZ (GABRIEL), M.D., P.A.  
8251 W. BROWARD BLVD.  
SUITE 406  
PLANTATION, FL. 33301

1. Name of Corporation  
2. State of Incorporation  
3. Date of Incorporation  
4. Fiscal Year-End  
5. Business Purpose  
6. Registered Agent  
7. Registered Office  
8. Business Address  
9. Telephone Number

1. Date of Filing: 12/16/1985  
2. Filing Method: Regular  
3. Filing Fee: \$25.00  
4. Certificate Number: 59-2620604  
5. Effective Date: 02/13/1987

SANCHEZ, GABRIEL D/O/P 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 and Address of New Registered Agent  
Street Address (Do NOT use P.O. Box Number)  
City and State (FL)

I hereby certify that the appointment of the above named agent is in accordance with and in effect the delegations of authority set forth in the Articles of Incorporation and the Bylaws of the Corporation.

Signature of Registered Agent Accepting Appointment: \_\_\_\_\_

I, \_\_\_\_\_, Secretary of State, do hereby certify that the above information is correct and true to the best of my knowledge and belief.

Signature of Signing Officer or Director: \_\_\_\_\_  
Title: \_\_\_\_\_

Typing Name of Signing Officer or Director: GABRIEL SANCHEZ  
Title: PRES.  
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