

[Empty rectangular box for stamp or marking]

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

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

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

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

PICK-UP
  WAIT
  MAIL

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

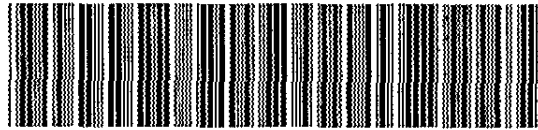
\_\_\_\_\_ (Document Number)

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

Special Instructions to Filing Officer:

[Empty box for special instructions]

Office Use Only



900037613859

M24640

11-1-88

Payment received through  
Annual Report Section for  
Debit Memo # 89-88T .

J/M

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

CORPORATION  
ANNUAL REPORT  
1988



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

DO NOT WRITE IN THIS SPACE

Read Rules 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  
SANCHEZ (GABRIEL), M.D., P.A.  
8251 W. BROWARD BLVD.  
SUITE 406  
PLANTATION, 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

P.O. Box No. 22

City and State 23

Zc Code 24

3 Date Incorporated or Qualified To Do Business in Florida

12/16/1985

4 Federal Employer Identification Number (FEIN)

59-2620604

5 Date of Last Report

02/13/1987

6 Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
SANCHEZ, GABRIEL	D/O/P	4302 W BROWARD BLVD. #100	PLANTATION, FL	

**REGISTERED AGENT INFORMATION**

8 Name and Address of New Registered Agent

Name 81

9 Name and Address of Current Registered Agent

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

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

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

City and State 84

Zip Code 85

FL

10 Pursuant to the provisions of Sections 807.034 and 807.037, 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 hereafter with, and accept the obligations of Section 807.325 F.S.

SIGNATURE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

DATE \_\_\_\_\_

11 If a foreign corporation, date first transacted business in Florida \_\_\_\_\_

12 See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 807 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 or Director signing must be listed in Block 6.)

Signature *G. Sanchez*

Date 6-30-88

Typed 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

CDE004 (1/88)