

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90008 007 ***150.00

DOCUMENT # M54359

1. Corporation Name IVAN A MONTROYA P.A.

Principal Place of Business Mailing Address 151 CAPE FLORIDA DR. KEY BISCAIYNE, FL. 33149

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 2a. Mailing Address, 3. Date Incorporated or Qualified (06/27/87), 4. FEI Number (59-2812196), 5. Certificate of Status Desired, 6. Election Campaign Financing, 8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent (Becker, Theodore, 177 Ocean Lane Dr #514, Key Biscayne FL 33149), 10. Name and Address of New Registered Agent (81 Name, 82 Street Address, 83, 84 City, 85 Zip Code FL)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS (President Ivan Montroya, 151 Cape Florida Dr, Key Biscayne FL 33149), 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

M 54359
583021-90008-7

Becker & Becker

New York
(516) 799-7186
Fax (516) 541-6009

Florida
(805) 361-7565
Fax (805) 361-0578

June 1, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ivan A. Montoya, M.D., P.A.
P.O. Box 1168
Key Biscayne, FL 33149
F.E.I. 59-2812596
Document #M54359

I am the accountant for the above named corporation. The taxpayer never received the Profit Corporation Annual Report for 1999.

We respectfully request that you accept this \$150.00 check and as soon as we receive the form indicated, we will file.

Sincerely,



Theodore Becker
228 Riviera Drive West
Massapequa, NY 11758

800 799-2325