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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M80407

1. Corporation Name

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

ROLANDO SANCHEZ, M.D., P.A.

-1612 N∷HABANA ∳201* TAMPA FL 33614 US	4 512 n Habana #2 01 Tampa Fl 33614 US			E IN THIS SPACE	<u>=</u>
	00		3. Date Incorporated or Qualifed 05/11/1988		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Ä	Applied For
21	26		59-2880130	<u> </u>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	75 Additional
22	27		5. Certificate of States Desired	F	ee Required
City & State	City & State		6. Election Campaign Financing	□ \$5	.00 May Be
23	28		Trust Fund Contribution 1	Ac	Ided to Fees
Zip Coun	try . Zip	Country	8. This corporation owes the curre		
24 25	29 30		Personal Property Tax.	☐ Yes	s □No
9. Name and Add	ress of Current Registered Agent		10. Name and Address of New R	egistered Agent	
20100100	racticing home.	83 83 84 City —	iress (P.O. Box Number is Not Acceptal	FI 85	Zip Code 33.006 ng its registered
	ctions 607,0602 and 607,1508 Florida Statutes, th, in the State of Florida. Such change was auth- cept the obligations of, Section 60 t 0,005, Florida	órized by the corporat a Statutes.	tion's board of directors. I hereby accept	t the appointment	as registered
SIGNATURE Signature, typed or printed nar	ne of registered agent and title if applicable. (NOTE: Rec	gistered Agent signature requir		DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIR	FORS IN 12
TITLE D	DELETE	1.1 TITLE	Tolano sencio.	2 / LO	glate Addition
NAME ŞANCHEZ, ROLAI		1.2 NAME	0727 ML V B	Bluck. Su	- troof
STREET ADDRESS 4012'N PLABANA	#201 837 S. Blvd.	1.3 STREET ADDRESS	Rolando aucho 2727 MLK B Tampa, Fh	23/17	, le
CITY-ST-ZIP TAMPA-FL	Tampa F/g	1.4 CITY-ST-ZIP	Tunupa, FA	70.601	
TITLE	☐ DELETE	2.1 TITLE	· /	☐ Ch	ange
NAME	·	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS		****	:
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			·
TITLE	☐ DELETE	3.1 TITLE		☐ Ch	ange 🔲 Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		□ Ch	ange
NAME	i	4. 2 NAME	•	•	
STREET ADDRESS		4.3 STREET ADDRESS	•		
CITY-ST-ZIP	•	4.4 CITY-ST-ZIP			ŀ
TITLE	☐ DELETE	5.1 TITLE	 ,	. □ Ch	ange
NAME		5.2 NAME	•		·
STREET ADDRESS		5.3 STREET ADDRESS			
 		5.4 CITY-ST-ZIP			-
CITY-ST-ZIP	☐ DELETE	6.1 TITLE		□ Ch	ange
NAME	‡ · ·	6.2 NAME		-	
I INCHES		U.Z NOWIE			i

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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaction with any address, with all other like empowered.