COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # M90404

BUILLERMO PONS, M.D., P.A.

icipal Place of Business										
UILLERMO PONS										

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

09-08-1999 90007 001 ***550.00



cipal Place of Business Mailing Address										4:41. 418			
UILLERMO PONS % GUILLERMO PONS													
0 S.W. 107TH AVE. 13650 S.W. 107TH AVE.									DO NOT INDITE IN THE COLOR				
M FL 33176 MIAMI FL 33176									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified 07/15/1988				
Principal Place of Business 2a. Mailing Address				Mailing Address					4. FEI Number			Applied For	
26									65-0058780		1 1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
				27					3. Certificate of Status Desired		Fee f	Required	
City & State				City,& State					6. Election Campaign Financing		\$5.0	May Be	
·			28	28					Trust Fund Contribution	Ш	Added	d to Fees	
Zip		Country		Zip	Cou	intry			8. This corporation owes the current	t year			
	25		29		30				Intangible Personal Property.	L	Yes [No	
•	9. Name and	Address of Curr	ent Regist	ered Agent					10. Name and Address of New Reg	istered A	gent		
						81	Name					į	
	s, guillermo					82	Stroot /	ddro	ss (P.O. Box Number is Not Acceptable	e)			
13650 S.W. 107TH AVE.						02	Street	AUUI O	SS (F.O. BOX Number is Not Acceptable	5)			
MIAN	/II FL 33176					83							
											1 l		
						84	City			FL	85 Zip	Code	
Pureuant	to the provisions	of sections 607 0	502 and 607	7 1508 Florida Statut	es the ah	OVA-	named co	omora	tion submits this statement for the purp	ose of cha	naina its	registered	
office or	registered agent,	or both, in the Sta	ate of Florid	a. Such change was	authorized	d by	the corpo	ration	n's board of directors. I hereby accept t	he appoint	ment as i	registered	
agent. I	am familiar with, a	ind accept the ob	ligations of,	section 607.0505, F	lorida Stat	tutes	i.)	
NATURE	Signature, typed or prin	ted name of registered a	ment and title if	ennticable (A	IOTE: Registe	ared A	gent signatur	e requir	ed when reinstating)	DATE			
	Signature, typed or print	OFFICERS :		··	13.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gern avgenatur	o radon	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12	
	D	0.1102.101	110 0,,,,,,,,,	DELETE	1.1 TI	TLE				Ï	Change		
	PONS, GUILLERMO			C Deceie	1.2 NAME								
	400F0 0 ML 407711 AME						1.3 STREET ADDRESS					Ì	
ET ADDRESS	MIAMI FL			1.3 STREET ADDRESS									
ST-ZIP	MINGMITT				2.1 TI		-210			Г	7 6	Addition	
				DELETE							Change	Addition	
:					2.2 NA								
ET ADDRESS					. I		ADDRESS					}	
ST-ZIP					2.4 CI		-ZIP				٦		
				DELETE	3.1 Ti						Change	Addition	
Ē					3.2 NA				• • •			1	
ET ADDRESS					3.3 ST	REET	ADDRESS						
ST-ZIP					3.4 CI		-ZIP		, <u>, , , , , , , , , , , , , , , , , , </u>	—	-		
				DELETE	4.1 TI					L	Change	Addition	
					4.2 NA	ME							
ET ADDRESS					4.3 ST	REET	ADDRESS						
ST-ZIP					4.4 CI		-ZIP						
				DELETE	5.1 TI	TLE				L	Change	Addition	
					5.2 NA	ME	Į						
TADDRESS					5.3 ST	REET.	ADDRESS						
ST-ZiP					5.4 CI	TY-ST	-ZiP				_		
				DELETE	6.1 TIT	TLE	T				Change	Addition	
.					6.2 NA	ME						1	
T ADDRESS					6.3 ST	REET.	ADDRESS						

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 n Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE: