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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(6)

SAMUEL V. ESTEPA, M.D., P.C.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business					Mailing Address				s imminder ind isfers meins meins erenn filte biets diets diets biets biets biets biets
713 EAST MARION AVENUE				713 EAST MARION AVENUE					
	SUITE 201				SUITE 201				DO NOT WEST IN THE COLOR
PUNTA GORDA FL 33950				PUNTA GORDA FL 33950					DO NOT WRITE IN THIS SPACE
									3. Date Incorporated or Qualified
2. Principal F	Place of Rusin	220		20 1	Mailing Address				07/13/1988 4. FEI Number Applied For
21	1000 01 003111	1033		26					, spiled (or
Suite, Apt. #, etc.				Suite, Apt. #, etc.					42-1149403 Not Applicable
22				27					5. Certificate of Status Desired S8.75 Additional Fee Required
City & State				City & State					
23				28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country				Zip Country			··	
24				29	ı			,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
=:1				egistered Agent				· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent
EQ.	TEDA CAM	IEI V					81	Name	
ESTEPA, SAMUEL V. 713 E. Marion Avenue					82				
	NTA GORDA							Street A	Address (P.O. Box Number is Not Acceptable)
70	ינות שטחטו	7 LF 33830			8			 	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
							_	ļ	
							84	City	FL 85 Zip Code
11. Pursuant	to the provision	ons of Section	ns 607 0502 ar	nd 607	1508 Florida Statu	tes the at	V) VI	e-named i	corporation submits this statement for the purpose of changing its societies of
Office of f	registered sign	ו מוס חיות י מו	n the State of E	- IONAA	Such change wee	SUPPORTED	4 h	the corn	oration's board of directors. I hereby accept the appointment as registered
	ım tamınar wiji	n, and accep	at the obligation	าร 01, 8	Section 607.0505, FI	lorida Stati	utes	S.	•
SIGNATURE	Signature typed o	or printed manua of	registered agent an	م ال مالا له	rudicable (MO)	IC: Poniotored	1 400		required when reinstaking) DATE
12.	Cirgration, typical		ICERS AND D			13.	Ago	ant signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		10211071110 27		DELETE	1.1 10	1 F		Change Addition
NAME	, · •	SAMILE! V	,			1.2 NA			Crange — Audition
NAME ESTEPA, SAMUEL V. STREET ADDRESS 713 E. MARION AVENUE SUITE				201					
		SORDA FL	HUE SUITE	CU I		4		ADDRESS	
CITY-ST-ZIP TITLE	FUNIA	ONUX PL			DELETE	1.4 CH		IT - ZIP	
NAME					C OCCUE	2.1 T(T			Change Addition
,						2.2 NAI	-	ļ	
STREET ADDRESS								ADDRESS	
CITY-ST-ZIP					DELETE	2. 4 CI		ST-ZIP	
TITLE									☐ Change ☐ Addition
NAME						3.2 NA			
STREET ADDRESS						3.3 STF	REET	ADDRESS	
CITY-ST-ZIP					T:	3.4. C(1		ST-ZIP	
TITLE					DELETE	4.1 7(7)	LE		Change Addition
NAME						4. 2 NA	ME		
STREET ADDRESS						4.3 STR	EET.	ADDRESS	
CITY-ST-ZIP						4 4 CIT	Y-\$1	T-ZIP	
TITLE					☐ DELET E	5.1 Titl	£		☐ Change ☐ Addition
NAME						5.2 NAM	ME.		
STREET ADDRESS						5.3 STR	EET .	ADDRESS	
CITY-ST-ZIP						5.4 CIT	y - S1	1-2IP	
TITLE					DELETE	6.1 TITL	F	.	☐ Change ☐ Addition
NAME						6.2 NAM	AE		
STREET ADDRESS						6.3 STR	EET /	AODRESS	
CITY-ST-ZIP						6.4 CITY			į
14. I hereby o	erlify that the	information s	upplied with th	is filing	g does not qualify fo	or the ever	not	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Block 12 o	or Block 13 if o	chan ged , or	on an attachme	ent with	an add ess.	M		υρυπαο Γ	oquico by chapter bor, Florida Statules, and that my name appears in
OLONIATI	ure:	,		ew	ell un				ature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in