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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000003526

1. Corporation Name
LUIS R. MACEIRA, M.D., P.A.

Principal Place of Business 4109 GRANT ST. SUITE 734 HOLLYWOOD FL 33021 US	Mailing Address 4109 GRANT ST. SUITE 734 HOLLYWOOD FL 33021 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5821 BAYVIEW DR Suite, Apt. #, etc. 22	2a. Mailing Address 26 5821 BAYVIEW DR. Suite, Apt. #, etc. 27
City & State 23 FT. LAUDERDALE FL Zip Country 24 33308 25 U.S.A.	City & State 28 FT. LAUDERDALE FL Zip Country 29 33308 30 U.S.A.

3. Date Incorporated or Qualified 11/03/1992	4. FEI Number 65-0435316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MACEIRA, LUIS R. MD PA
4109 GRANT ST.
SUITE C-301
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Luis R. Maceira, M.D.* (NOTE: Registered Agent signature required when reinstating) DATE: **4/28/99**

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MACEIRA, LUIS R M.D.
STREET ADDRESS	4109 GRANT ST
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	LUSAYDA MACEIRA
STREET ADDRESS	5821 BAYVIEW DR
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MACEIRA, LUIS R. M.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5821 BAYVIEW DR.
1.3 STREET ADDRESS	FT. LAUDERDALE FL 33308
1.4 CITY-ST-ZIP	
2.1 TITLE	LUSAYDA MACEIRA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	5821 BAYVIEW DR
2.3 STREET ADDRESS	FT. LAUDERDALE FL 33308
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; 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 attachment with an address, with all other like empowered.

SIGNATURE: *Luis R. Maceira* DATE: **4/28/99** PHONE: **(954) 776-4205**

CR2E034 (11/98)