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**PROFIT CORPORATION** ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Apr 17 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS

**FILED** 

| Country 28   Country 28   Country 28   Country 29   Country 29   Country 29   Street Added to Fees 29   30   Street Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of Name and Name | INTERNAL MEDICINE & NEPHROLOGY, P.A. |                                |            |                     |                         |  |                          |                        |                    |          |                |  | i handinas dia dalla higip addir addir kashi kashi naki di | IID 1811+ BBI | 181 1817 | II <b>A</b> III 3 <b>4</b> 81 |  |
|--|--------------------------------------|--------------------------------|------------|---------------------|-------------------------|--|--------------------------|------------------------|--------------------|----------|----------------|--|--|---------------|----------|-------------------------------|--|
| The County   The   |                                      |                                |            |                     |                         |  |                          |                        |                    |          |                |  |  |               |          |                               |  |
| SURE A ORNANDO R. 28007 US  SURE A ORNANDO R. 28007  SURE A ORNANDO R. 28007  SURE A S | Principal Plac                       | e of Busines                   | 3 <b>S</b> |                     | 1                       | Mailing                                | Address                  |                        |                    |          |                |  | s iantiinka kin iniid tahtii aktii Ahiii Ahiil Kkiil 91    | 110 HUN BU    |          | ii Billi IVBI                 |  |
| DO NOT WRITE IN THIS SPACE  S. Date Incorporated or Qualified  1/18/07/1992  2. Periorpal Place of Business  24. Making Address  25. Date Incorporated or Qualified  1/18/07/1992  26. Care Suite, April 4, etc.  27. Date Incorporated or Suitus Despited  28. Suite, April 4, etc.  28. Suite, April 4, etc.  29. Suite, April 4, etc.  20. City 4 State  20. City 4 State  20. Country  21. Date Incorporation Suitus Despited  22. Suite, April 4, etc.  23. Country  24. Suite Country  25. Date Incorporation Suitus Despited  26. Certificate or Suitus Despited  27. Date Incorporation Suitus Despited  28. Certificate or Suitus Despited  28. Certificate or Suitus Despited  29. Suite, April 4, etc.  29. Country  29. Suitus April 4, etc.  29. Country  29. Suitus April 4, etc.  20. Country  29. Suitus Address of Current Registered Agent  40. Name and Address of Oursent Registered Agent  40. Name and Address of New Registered Agent  40. Name and Address of New Registered Agent  40. Name and Address of New Registered Agent  40. City Suitus Suit |                                      | SEMORAN B                      | LVD.       |                     |                         |  | 1130 SOUTH SEMORAN BLVD. |                        |                    |          |                |  |  |               |          |                               |  |
| B. Principal Place of Business B. 2a. Maining Address B. 2b. Maining | SUITE A                              |                                |            |                     |                         |  |                          |                        |                    |          |                |  | DO NOT INDITE IN THIS                                      | CDACE         |          |                               |  |
| 11/30/1992   |                                      |                                |            |                     |                         |  |                          |                        |                    |          |                | -  |  |               |          |                               |  |
| 2. Pencipal Place of Business   2. 8. Mainey Address   5. 9.3 157338   Political for Exception Solition April #, ofc   2. Suit April #, ofc   5. Suit April #,   | ••                                   |                                |            |                     |                         | U3                                     |                          |                        |                    |          |                | "  | ·  |               |          |                               |  |
| Suito, Apt. # . etc.   | 2. Principal P                       | Place of Busi                  | noss       |                     | 2                       | 2a. Mailing Address                    |                          |                        |                    |          | <del></del>    |  |  |               | TAB      | atiod For                     |  |
| Suite Apt 4: etc.  |                                      |                                |            |                     | -                       | <b>–</b>                               |                          |                        |                    |          |                | 7  |  | -             |          |                               |  |
| City & State  Ci | Suite, Apt.                          | #, etc.                        |            |                     |                         | —————————————————————————————————————— |                          |                        |                    |          |                | +  | -  | \$8           |          |                               |  |
| Country 28   Country 28   Country 29   Country 29   Country 29   Country 29   B. Trist Fund from the component of the provision of so that paid the current registered Agent 10, Name and Address of New Registered Agent 10, Name and Nam | 22                                   |                                |            |                     |                         | 27                                     |                          |                        |                    |          |                | . 6  | 5. Certificate of Status Desired                           |               |          |                               |  |
| Zip   Country   Zip   Country   B, This corporation oves or has paid the current year Intanglible   Name and Address of Current Registered Agent   10, Name and Address of Now Registered Agent   Name and Address of Now Registered    | City & Stat                          | e                              |            |                     |                         | ———                                    |                          |                        |                    |          |                | 6  | 3. Election Campaign Financing                             | \$5.          | .00      | Мау Ве                        |  |
| ### Personal Property Tax disa June 30.   No.    |                                      |                                |            |                     |                         | ************************************** |                          |                        |                    |          |                |  | Trust Fund Contribution                                    | Ad            | ded to   | Fees                          |  |
| Name and Address of Current Registered Agent   |                                      |                                | —          | Country             |                         | <b>.</b>                               |                          | $\vdash$               | Country            | •        |                | В  | · · · · · · · · · · · · · · · · · · ·                      |               |          |                               |  |
| MOROS, GUILLERMO ND 1130 SOUTH SEMORAN BLVD. SUITE B ORLANDO FL 32807  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 effice or registered agent, or tooth, in the State of Roida Stoch Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered efficient in 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 efficiency or registered agent. Or took of the corporation's board of directors. I hereby accept the appointment as registered of the corporation's board of directors. I hereby accept the appointment as registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered efficiency or registered agent. I will be statement for the purpose of changing its registered agent. I will be statem | 24                                   | o Name                         | 11         | Address of Curr     |                         |  | d Asset                  | 30                     | <del></del>        |          |                |  |  |               |          | No.                           |  |
| SUPPLY SEASON SEMORAN BLVD.  SUPPLY SEMORAN  |                                      |                                |            |                     | еш нед                  | 1219101                                |                          | R1                     | l n                | lame     | 10             | ). Name and Address of New Hegistered      | Agent  |               |          |                               |  |
| SUTE B ORLANDO FL 32807  ### City FL 85 Zip Codo  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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment als 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 als registered agent, or both, in the State of Florida Statutes.  SIGNATURE    Description   De |                                      |                                |            |                     |                         |  |                          |                        |                    | <u>'</u> | VALUE .        |  |  |               |          |                               |  |
| ORLANDO FL 32807  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Horida 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 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 purpose of changing its registered special registered special registered agent. I am familiar with, and accept the obligations of, Section 607 6505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SUPPARENT Special Crimital cause of injustment agent ag |                                      |                                | SEM        | OHAN BEVD.          |                         |  |                          |                        | 62                 | ٤        | Street Add     | ddress (P.O. Box Number is Not Acceptable) |  |               |          |                               |  |
| Section   Sect   |                                      |                                | 200        | 07                  |                         |  |                          |                        | B3                 |          |                |  | <del></del>  |               |          |                               |  |
| THE MORS, JULIO G M.D.  THE MORES  CITY-S1-2P  THE DELETE 1.1 THE DELETE 2.1 THE Change Addition  NAME  STREET ADDRESS  CITY-S1-2P  THE DELETE 3.1 THE DELETE 4.2 THE CHANGE  STREET ADDRESS  CITY-S1-2P  THE DELETE 5.1 THE DELETE 5.1 THE CHANGE  STREET ADDRESS  CITY-S1-2P  THE DELETE 5.1 THE  | l ou                                 | IUNNUU FL                      | 320        | <i>U1</i>           |                         |  |                          |                        |                    |          |                |  |  |               |          |                               |  |
| 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. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OF FICE RS AND DIRECTORS  SIRET ADDRESS  ORLANDO FL 32807  ITHE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.2 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.3 TITLE  DELETE  2.1 TITLE  DELETE  3.3 TITLE  DELETE  2.1 TITLE  DELETE  3.3 TITLE  DELETE  3.3 TITLE  DELETE  3.3 TITLE  DELETE  3.4 CITY-S1-2P  TITLE  DELETE  3.5 TIT |                                      |                                |            |                     |                         |  |                          |                        | 84                 |          | City           |  | <b>E</b> 1   | 85            | Zip C    | ode                           |  |
| SIGNATURE   Sign   | 11. Pursuant                         | to the provis                  | sions o    | of Sections 607 0   | 502 and                 | 607.1                                  | 508. Florida Stati       | utes, the              | above              | <u></u>  | amed cor       | ooratio                                    | • •  | of changi     | na its   | registered                    |  |
| SIGNATURE  | office or r                          | registered aç<br>ım familiar w | gent, d    | or both, in the Sta | ite of Flo<br>ligations | rida S<br>of Sec                       | luch change was          | s authori<br>Florida S | zed by             | / th     | ie corpora     | tion's                                     | board of directors. I hereby accept the ap-                | pointmen      | nt as r  | egistered                     |  |
| 12.  |                                      |                                |            | io docopii ino oci  | garone                  | 01, 00                                 |                          | 10/104                 | личись             |          |                |  |  |               |          |                               |  |
| TITLE  |                                      |                                |            |                     |                         |  |                          |                        |                    |          | agnature requ  | red whe                                    | en reinstating) DATE                                       |               |          |                               |  |
| MOROS, JULIO G M.D.   12 NAME   130 S. SEMORAN BLVD. SUITE B   1.3 STREET ADDRESS   1.4 CITYST-2IP   | 12.                                  |                                |            | OFFICERS A          | ND DIRE                 | ECTO                                   | RS                       | 1                      | 3.                 |          |                |  | ADDITIONS/CHANGES TO OFFICERS AN                           | D DIREC       | TORS     | IN 12                         |  |
| 130 S. SEMORAN BLVD. SUITE B   | TITLE                                |                                |            |                     |                         |  | DELETE                   | 1.                     | 1 TITLE            |          |                |  |  | Chai          | nge      | Addition                      |  |
| DELETE   D   | NAME                                 |                                |            |                     |                         |  |                          |                        |                    | 1.2 NAME |                |  |  |               |          |                               |  |
| TITLE  | ANI 4410A PL 44440                   |                                |            |                     | SUITE B                 |  |                          |                        | 1.3 STREET ADDRESS |          |                |  |  |               |          |                               |  |
| NAME   |                                      | ORLANI                         | DO F       | L 32807             |                         |  |                          |                        |                    | 1-2      | 'IP            |  |  | P-1           |          | _                             |  |
| 23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP   | TITLE                                |                                |            |                     |                         |  | ☐ DELETE                 | 2.                     | 1 TITLE            |          |                |  |  | L Cha         | nge      | ☐ Addition                    |  |
| CITY-ST-ZIP  | NAME                                 |                                |            |                     |                         |  |                          | 2.                     | 2 NAME             |          |                |  |  |               |          |                               |  |
| TITLE  | STREET ADDRESS                       |                                |            |                     |                         |  |                          | 2                      | 3 STREET           | ADI      | DRESS          |  |  |               |          |                               |  |
| NAME   |                                      |                                |            |                     |                         |  | The series               |                        |                    |          |                |  | · i .  |               |          |                               |  |
| STREET ADDRESS   |                                      |                                |            |                     |                         |  | ☐ DELETE                 |                        |                    |          |                |  |  | L Cha         | nge      | Addition                      |  |
| STREET ADDRESS   STRE   |                                      |                                |            |                     |                         |  |                          |                        |                    |          |                |  |  |               |          |                               |  |
| TIFLE  | i                                    |                                |            |                     |                         |  |                          |                        |                    |          |                |  |  |               |          |                               |  |
| NAME   |                                      | }                              |            |                     |                         |  | DÉLÉTÉ                   |                        |                    | ST - Z   | ZIP            |  |  | [ ] Chai      | nge      | Addition                      |  |
| STREET ADDRESS   |                                      |                                |            |                     |                         |  |                          |                        |                    |          |                |  |  | L_ Chai       | ige      | L. Audition                   |  |
| A CITY-ST-ZIP  |                                      |                                |            |                     |                         |  |                          |                        |                    |          |                |  |  |               |          |                               |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |                                      |                                |            |                     |                         |  |                          |                        |                    |          |                |  |  |               |          |                               |  |
| STREET ADDRESS   53 STREET ADDRESS   54 CITY-ST-ZIP   54 CITY-ST-ZIP   54 CITY-ST-ZIP   54 CITY-ST-ZIP   54 CITY-ST-ZIP   54 CITY-ST-ZIP   61 TITLE   Change   Addition   Addi   |                                      |                                |            |                     |                         |  | DELETE                   |                        |                    | 1- Z     | ir             |  |  | Char          | nne      | Addition                      |  |
| STREET ADDRESS   53 STREET ADDRESS   54 CITY - ST - ZIP  |                                      |                                |            |                     |                         |  |                          | 1                      |                    |          |                |  |  | 0.101         | .g~      | Noomon                        |  |
| CITY-ST-ZIP         5 4 CITY-ST-ZIP           TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME           STREE1 ADDRESS         63 STREET ADDRESS  |                                      |                                |            |                     |                         |  |                          |                        |                    | ≜nr      | DAFSS          |  |  |               |          |                               |  |
| TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME           STREE1 ADDRESS         63 STREET ADDRESS  |                                      |                                |            |                     |                         |  |                          |                        |                    |          |                |  |  |               |          |                               |  |
| NAME  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS   |                                      |                                |            |                     |                         |  | DELETE                   |                        |                    | 1-2      | <del>"  </del> |  |  | Char          | nge      | Addition                      |  |
| STREET ADDRESS 6.3 STREET ADDRESS  |                                      |                                |            |                     |                         |  |                          |                        |                    |          | İ              |  |  |               | <b>.</b> |                               |  |
|  | 1                                    |                                |            |                     |                         |  |                          |                        |                    | ADE      | DRESS          |  |  |               |          |                               |  |
| 0(11.2). ft. 1   | CITY-ST-ZIP                          |                                |            |                     |                         |  |                          | 1                      | 4 CITY-S           |          | - 1            |  |  |               |          |                               |  |

14. Thereby 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 register 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 address.

SIGNATURE: