02221999-90100-039-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

92 NOV 23 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P92000010676

1. Corporation Name
JAVIER PEREZ, M.D., P.A.

Principal Place of Business	Mailing Address
777 E 25TH STREET SUITE 400 HIALEAH FL 33013 US	1602 ALTON RD SUITE 84 MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/10/1992
Suite, Apt. #, etc. 22 Suite 102	Suite, Apt. #, etc. 27	4. FEI Number 65-0387210 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PEREZ, JORGE~~ ~~28 RIVO ALTO DR~~ ~~MIAMI BCH FL 33139~~	81 Name: Stephen L Steiger CPA 82 Street Address (P.O. Box Number is Not Acceptable): 1601 North Palm AO Suite 303 83 Pembroke Pine 84 City: Florida FL 85 Zip Code: 33026

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: Stephen L Steiger CPA (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	PEREZ, JAVIER		12 NAME		
STREET ADDRESS	1602 ALTON RD SUITE 84		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PEREZ, JAVIER		22 NAME		
STREET ADDRESS	1602 ALTON RD SUITE 84		23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: _____ 11/8/99 305.836-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)