

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000011155 (8)

1. Corporation Name

LOUIS A. ARANGO, M.D., P.A.



Principal Place of Business

5145 HOLLY DR
PALM BEACH GARDENS FL 33418

4400 N A1A Apt 901
Fort Pierce Fla 34949

Mailing Address

5145 HOLLY DR
PALM BEACH GARDENS FL 33418

4400 N A1A Apt 901
Fort Pierce Fla 34949

2. Principal Place of Business

21 4400 A-1-A, Apt 901N

Suite, Apt. #, etc.

22 Ft. Pierce

City & State

23 FLORIDA

Zip

24 34949

Country

25 USA

2a. Mailing Address

26 4400 A-1-A, Apt 901-N

Suite, Apt. #, etc.

27 Fort Pierce, FLORIDA

City & State

28 Fort Pierce, FLORIDA

Zip

29 34949

Country

30 USA

3. Date Incorporated or Qualified

12/11/1992

3a. Date of Last Report

02/13/1996

4. FEI Number

65-0375582

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR
401 EAST OSCEOLA STREET
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

LOUIS A. ARANGO

82 Street Address (P.O. Box Number is Not Acceptable)

4400 N A-1-A, Apt 901N

83

84 City

Fort Pierce

FL

85 Zip Code

34949

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when installing)

LOUIS A. ARANGO

2/1997

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARANGO, LOUIS A	
STREET ADDRESS	5145 HOLLY DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS A. ARANGO
1.3 STREET ADDRESS	4400 N A-1-A Apt 901-N
1.4 CITY-ST-ZIP	Ft Pierce, FL 34949
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

Date

561-4608034

Daytime Phone #

CR2E034 (9/96)