

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90075 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000000170

1. Corporation Name
RAFAEL JIMENEZ, M.D., P.A.



Principal Place of Business

Mailing Address

~~808 OAK STREET~~
~~SUITE 808/810~~
KISSIMMEE FL 34741

~~808 OAK STREET~~
~~SUITE 808/810~~
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1993

2. Principal Place of Business

2a. Mailing Address

21 **591 OAK COMMONS BLVD**

26 **591 OAK COMMONS BLVD**

4. FEI Number

59-3155998

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite B**

27 **Suite B**

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **KISSIMMEE, FL**

28 **KISSIMMEE, FL**

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 **34741**

29 **34741**

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

81 Name

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

591 OAK COMMONS BLVD

83 **Suite B**

84 City **KISSIMMEE, FL**

85 Zip Code

34741

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D JIMENEZ, RAFAEL MD**

STREET ADDRESS **591 OAK COMMONS BLVD, STE. B**

CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)