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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001515 (4)

1. Corporation JORGE		A, M.D., P.	Α.		(.,						 	
Principal Place of Business Mailing Address						····			-		68481 491 \$1181	11,001,0114,1004
4950 SW 8 ST 4950 SW 8TH ST												
401 CORAL GABI	LES FL 33134	4		401 CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE			
US				US					3. Date Incorporated or Qualif	ied		
									01/08/1993			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			Applied For
21 Suite Api # ste				Suite, Apt. #, etc.					65-0378664			Not Applicable
Suite, Apt. #, etc.				27					5. Certificate of Status Desired		4 - · · · -	Additional Regulred
City & Stat	te			City & State					6. Election Campaign Financin			O May Be
23				28					Trust Fund Contribution	" 🗆	•	omay be d to Fees
Zip	Zip Country			Zip Country				8. This corporation owes or ha	s paid the			
24		25		29		30			Personal Property Tax due	•	X Yes	□ Ño
			of Current Re	egistered Agen	t		·		10. Name and Address of Nev	v Register	ed Agent	
	adilla, joi				81		Name					
4950 SW 8TH STREET, 401							T	Street Addre	ress (P.O. Box Number is Not Acceptable)			
SUITE 302 CORAL GABLES FL 33134							-		······································			
						84	T	City	· · · · · · · · · · · · · · · · · · ·	£	85 Zip	Code
11. Pursuant	to the provis	sions of Sectio	ns 607.0502 an	id 607.1508, Flo	orida Statute	s, the abov	e i	named corpo	pration submits this statement for	he purpos	e of changing	its registered
l office or i	registered a	aent, or b oth, i	in the State of F	Florida. Such chins of, Section 60	ange was a	uthorized b	v ti	he corporation	on's board of directors. I hereby a	ccept the	appointment a	is registered
SIGNATURE												
12.	Signature, types			gent and title if applicable. (NOTE: Registry ND DIRECTORS			ent	signature require	d when reinstating) ADDITIONS/CHANGES TO C	DAT FEICERS		DRS IN 12
TITLE	D				DELETE	1.1 TITLE		T	ROBINONO/ONANGEO TO C	THOLING	Change	
NAME	PADILL	A, JORGE				1.2 NAME						
STREET ADDRESS							1.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL	GABLES FL				1 4 CITY - 9	ST-	ZIP				
TITLE					DELETE	21 TITLE					Change	Addition
NAME						2.2 NAME						
STREET ADDRESS						2.3 STREET						
CITY-ST-ZIP	 				DELETE	2.4 CITY-	ST-	ZIP			- Chance	Addition
TITLE				ا	DELETE	3: TITLE					Change	E AUGINON
NAME STREET ADDRESS						3. NAME 3. STREET		NOTIFICE .				
•	}					3 CITY-		- 1				
CITY-ST-ZIP TITLE	<u> </u>				DELETE	4 IITLE	31-	ZIF		· <u>·</u>	Change	Addition
NAME						NAME					_ •	_
STREET ADDRESS						STREET	I AD	DDRESS				
CITY-ST-ZIP						City-S	ST-3	ZIP				
TITLE					DELETE	STITLE					Change	Addition
NAME	Ì					5 NAME		Ì				
STREET ADDRESS	}					5 STREET	(A)	DRESS				
CITY-ST-ZIP						5 CITY-S	i - 1	ZIP				
TITLE					DELETE	6 TITLE					☐ Change	Addition
NAME				`		6 NAME						
STREET ADDRESS						63 STREET		1				
CITY-ST-ZIP	cortification at	na information	eunnlind with +h	ne filing door n	ol ouglify for	6.4 CITY - S			action 110 07/3/i) Florida Ctatut	o Lituetha	r portification at	o information
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 corpet tion 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 changes or on an attachment with an address.												hat I am an ppears in

1-22-98

FILED

Jan 29 1998 8:00am

Secretary of State