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Jan 27 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 # P93000009871 (3)

1. Corporation Name

EDGAR J. JIMENEZ, M.D., P.A.

Principal Place of Business

1804 NORTH MILLS RD. Ave.
ORLANDO FL 32803
US

Mailing Address

1804 NORTH MILLS RD. Ave.
ORLANDO FL 32803-1854
US



2. Principal Place of Business

21 1804 North Mills Ave.
Suite, Apt. #, etc.

22 City & State
Orlando FL

23 Zip Country
32803 USA

24 32803 25 USA

2a. Mailing Address

26 1804 North Mills Ave.
Suite, Apt. #, etc.

27 City & State
Orlando FL

28 Zip Country
32803 USA

29 32803 30 USA

3. Date Incorporated or Qualified

02/09/1993

3a. Date of Last Report

04/17/1996

4. FEI Number

59-3153583

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

BERMAN, JED
180 S. KNOWLES AVENUE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JIMENEZ, EDGAR J
STREET ADDRESS 2740 NORTH ORANGE AVE SUITE-A
CITY-ST-ZIP ORLANDO FL

TITLE VP
NAME JIMENEZ, EDGAR J
STREET ADDRESS 2740 NORTH ORANGE AVE SUITE A
CITY-ST-ZIP ORLANDO FL

TITLE ST
NAME JIMENEZ, EDGAR
STREET ADDRESS 2740 NORTH ORANGE AVE SUITE-A
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Jimenez, Edgar
1.3 STREET ADDRESS 1804 North Mills Ave.
1.4 CITY-ST-ZIP Orlando FL 32803

2.1 TITLE VP
2.2 NAME Jimenez, Edgar
2.3 STREET ADDRESS 1804 North Mills Ave.
2.4 CITY-ST-ZIP Orlando, FL 32803

3.1 TITLE
3.2 NAME Jimenez, Edgar
3.3 STREET ADDRESS 1804 North Mills Ave.
3.4 CITY-ST-ZIP Orlando FL 32803

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

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

Edgar J. Jimenez
1-13-97 (407) 898-7994

Date Daytime Phone

CR2E034 (9/96)