

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90098 046 ***158.75

DOCUMENT # **P93000014712**

1. Corporation Name

SUNMED OBGYN PROVIDERS, INC.

Principal Place of Business

1150 NW 72 AVE.
STE 50
MIAMI FL 33126
US

Mailing Address

PO BOX 526200
STE 311
MIAMI FL 33152-6200
US

2. Principal Place of Business

21 **1987 N.W. 88th Court**

Suite, Apt. #, etc.

22 **Suite 201**

City & State

23 **Miami, FL**

Zip

24 **33172**

Country

25 **Dade**

2a. Mailing Address

26 **P. O. Box 526200**

Suite, Apt. #, etc.

27 **Miami, FL**

City & State

Zip

29 **33152-6200**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

**SUNMED, INC.,
899 WEST CYPRESS CREEK ROAD.
SUITE 311
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

02/22/1993

4. FEI Number

65-0426601

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
Alexander Tirado

82 Street Address (P.O. Box Number is Not Acceptable)
10735 S.W. 59th Terrace

83

84 City
Miami

FL

85 Zip Code
33173

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

Alexander Tirado

April 9, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **RUDOLPH, ALLAN S.**
CITY-ST-ZIP **11160 NORTH KENDALL DRIVE SUITE 111**
MIAMI FL

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **BANGERTER, PHILLIP W**
CITY-ST-ZIP **8990 WEST CYPRESS CREEK RD STE 311**
FT LAUDERDALE FL

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **TIRADO, ALEXANDER**
CITY-ST-ZIP **899 WEST CYPRESS CREEK RD STE 311**
FT LAUDERDALE FL

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **LASHER, EDWARD C**
CITY-ST-ZIP **899 WEST CYPRESS CREEK RD STE 311**
FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **Martin, M.D., Michael**
1.4 CITY-ST-ZIP **1987 N.W. 88th Court Suite 201**
Miami, FL 33172

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

Alexander Tirado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 1999

Date

(305)436-9300x223

Daytime Phone #

CR2E034 (11/98)