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

Mailing Address

HIALEAH MEDICAL PLAZA

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if c

Principal Place of Business

HIALEAH MEDICAL PLAZA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 26 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044847 (0)

ALVAREZ-JACINTO, ALVAREZ-JACINTO, & CASANOVA, M. D., P.A.

777 E. 25TH STREET. SUITE 203 777 E. 25TH STREET. SUITE 203 HIALEAH FL 33013 HALEAH FL 33013-3877 3. Date Incorporated or Qualified 3a. Date of Last Report 06/18/1993 04/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0424395 21 26 Not Applicable Suite Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Źφ Country Country Zιρ 8. This corporation has liability for intangible tax under s. 199,032. Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAMONT & NEIMAN, P.A. Name **SUITE 3550** Street Address (P.O. Box Number is Not Acceptable) TWO SOUTH BISCAYNE BLVD. MIAMI FL 33131 83 City 84 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 holy or the State of Joseph Change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am fam a subject the corporation of the state of the corporation of the state of the corporation SIGNATURE pistored agent and the if applicable (NOTE Registered Agent signature required when reinstating) 12. ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. D TITLE DELETE 1.1 TITLE Change Addition ALVAREZ-JACINTO, ORESTES R SR. NAME 1.2 NAME 777 EAST 25TH STREET, SUITE 203 STREET ACORESS 1.3 STREET ADDRESS HIALEAH FL 33013 OTY-ST-ZIP 1.4 City-St-ZiP D DELETE TITLE 21 Title Change __ Addition ALVAREZ-JACINTO, ORESTES A. JR. MARAG 2.2 NAME 777 E 25TH ST STE. 203 STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL Cittle ST- Ziff 2.4 CITY-ST-ZIP DELETE Change Addition 1011.6 3.1 TITLE CASANOVA, LAIDA N NAME 3.2 NAME 777 EAST 25TH STREET, SUITE 203 STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL 33013 $C(T\gamma + ST + Z)P$ 3.4. CITY - ST - ZIP DELETE THE Change Addition 4.1 THILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COTY - ST - ZIP 4.4 CITY-ST-ZIP DELETE THE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDIESS 5.3 STREET ADORESS CHY+S1-7/2 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP DITY - ST - 7(P

14. I do hereby certly 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

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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 true de ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Date

Daytin e Physic #