

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

10f2

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000065705 (4)**

1. Corporation Name

**ASSOCIATES IN OBSTETRICS AND GYNECOLOGY OF THE F  
LORIDA KEYS, P.A.**

Principal Place of Business

Mailing Address

**81990 OVERSEAS HWY  
STE 303  
ISLAMORADA FL 33036  
US**

**81990 OVERSEAS HWY  
STE 303  
ISLAMORADA FL 33036  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1993**

3a. Date of Last Report

**03/19/1996**

4. FEI Number

**65-0441503**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARROYO, ENRIQUE  
6701 SUNSET DR  
STE 104  
SOUTH MIAMI FL 33143**

**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, 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 **D** ☐ DELETE  
NAME **BARRIOS, HUMBERTO MD**  
STREET ADDRESS **7500 SW 8 ST #PH-1**  
CITY-ST-ZIP **MIAMI FL 33144**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**000002262450--6**  
**-08/08/97--01142--012**  
**\*\*\*\*165.00 \*\*\*\*165.00**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

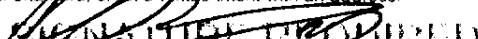
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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



**7/18/97** **06/25/97**

CR2E034 (4/97)

20f2

# Aida E. Briele & Associates, P.A.

Certified Public Accountants

July 17, 1997

Division of Corporations  
Annual Reports Section  
P. O. Box 6237  
Tallahassee, FL 32314

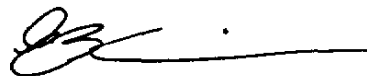
RE: Associates in Obstetrics  
and Gynecology of the Florida Keys  
Document #: P93000065705

To whom it may concern:

We are writing to inform you that the above referenced client did not receive the first notice of the 1997 Annual Report. They received the second notice this week and immediately contacted us about the matter. Our client has always filed their report on time. This is the first time they have ever filed late and it was due to factors beyond their control.

We are enclosing a check for the \$165.00 annual fee. We ask for your understanding and thank you in advance for helping us with this matter.

Sincerely,



E. Beatriz Echeverria, CPA