


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

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90002 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris , Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000067006

1. Corporation Name
UNIVERSAL MEDICAL CLINIC, INC.

Principal Place of Business	Mailing Address
747 Ponce De Leon Blvd. # 502	
Coral Gables, Fl. 33134	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/24/93

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number **65-0443196** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

DUMENIGO, FRANCISCO, ESQ
225 ALESIO AVE.
CORAL GABLES, FL. 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George R. Pizarro, MD	1.2 NAME	
STREET ADDRESS	747 Ponce de Leon Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl. 33134	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **7-20-99** DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

GEORGE R. PIZARRO, M.D., P.A.
DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE
DIPLOMATE, AMERICAN BOARD OF CARDIOVASCULAR DISEASE
CARDIOLOGY

P93000067006
602602-90002-25

747 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES, FL 33134

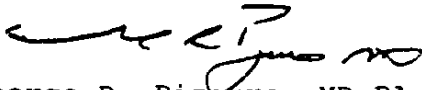
HOURS BY APPOINTMENT
TELEPHONE (305) 442-9904
FAX (305) 444-6229

RE: FEI 65-0443196

~~To Whom It May Concern:~~

I am enclosing the 1999 Profit Corporation Annual Report payment. This letter is to inform you that the first notice was never received please have the appropriate consideration on this matter. Should you have any questions please do not hesitate in contact me.

Sincerely,



George R. Pizarro, MD PA
Cardiologist