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

Mailing Address

505 W OAK ST

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

505 W OAK ST

SUITE 101



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham -

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000067180 (8)

GUSTAVO ARVELO, M.D., PA.

KISSIMMEE FL 34741 US		KISSIMMEE FL 34741-4986 US			09/20/1993 06/17			te of Last Report <b>7/1996</b>		
2. Frincipat	Place of Business	2a. Mailing Address			4. FEI Number			Ap	olied For	
1		26							Applicable	
Suite. Apt	t # etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Sta	ate	City & State				Election Campaign Financing     Trust Fund Contribution				May Be Fees
Zip	Country	Zip		Country	,	8. This corporation has liability for i			der s.	199.032,
4	25	29	30				Yes [	<u> </u>		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ager					
	VELO, GUSTAVO			81	Name					
	5 W OAK ST HTE 101			82 Street Add		dress (P.O. Box Number is Not Acceptab	le)			······································
	SSIMMEE FL 34741			83						
•				84	City		FL	85	Zip (	ode
SIGNATURE 12.	Signature, typical or printed name of registered a	gen; and tille if applicable ND DIRECTORS		tered Age	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRE	TOR	S IN 12
DELE	P			1 TITLE	<del></del> -	ADDITIONS/OFFARED TO OFFICE		Ch		Addition
NAME	ARVELO, GUSTAVO	******		2 NAME				_	•	_
STREET ADDRESS	ENE W OAK OF CHITC IN		<b>1</b>		ADDRESS					
DITY-ST-ZIP	KISSIMMEE FL			4 CITY-S						
ITLE				1 TITLE				Ch	ange	Addition
IAME			2	.2 NAME						
TREET ADDRESS	s		2	3 STREET	ADDRESS					
CITY - ST - ZIP				4 CITY-	ST-ZIP					
IILE			DELETE 3.	.1 TITLE				Ch Ch	ange	Addition Addition
IAME			3.	.2 NAME						
SIREET ADDRESS	S		3	.3 STREET	ADDRESS					
CITY-ST-ZIP				4. CITY-	ST-ZIP	<del></del>				an Arron
TITLE		LJ E		.1 TITLE				L Ch	ange	Addition
NAME				. 2 NAME						
STREET ADDRESS	S				ADDRESS					
CHY-ST-ZIP				4 CITY - S	ST - <b>ZI</b> P		<u> </u>	116		
TITLE	1	111	DELETE 5	.1 TITLE				🔲 Շո	ลกกล	Addition

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 five 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 receive or trustee employered 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 op an attachment with an address.

SIGNATURE:

NAME

TITLE NAME

STREET ADORESS CHY-ST-ZIP

STREET ADORESS

CITY - S1 - ZIE

DELETE

Daytima Phone

**FILED** 

Mar 11 1997 8:00am

Secretary of State

Addition