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Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080013 (4)

1. Corporation Name

JOSE DE LA GANDARA, M.D., P.A.

Principal Place of Business

~~2801 NORTH FLAGLER DRIVE~~
~~SUITE 800~~
~~W. PALM BEACH FL 33407~~

Mailing Address

6003 N.W. 31ST AVE
FORT. LAUDERDALE FL 33309-2209

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
02/12/1996

4. FEI Number
65-0525377

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2161 PALM BCH LAKES BVD

22 Suite, Apt. #, etc.
#215

23 City & State
WEST PALM BCH, FL

24 Zip
33409

Country

25 PALM BCH

2a. Mailing Address

26 SAME

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

GANDARA, JOSE DE L M.D.
6003 N.W. 31ST AVE
FORT. LAUDERDALE FL 33309

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 for it applicable

(NOTE: Registered Agent's signature required when reinstating)

JOSE DE LA GANDARA 3/6/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GANDARA, JOSE DE L M.D.
STREET ADDRESS
2801 N. FLAGLER DRIVE
CITY - ST - ZIP
W. PALM BEACH FL 33407

TITLE ☐ DELETE

NAME
PEDRAZA, ANGELA M.D.
STREET ADDRESS
2801 N. FLAGLER DRIVE
CITY - ST - ZIP
W. PALM BEACH FL 33407

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D
DE LA GANDARA, JOSE M.D.
2161 PALM BCH LAKES BLVD #215
WEST PALM BCH, FL. 33409

D
PEDRAZA, ANGELA M.D.
2161 PALM BCH LAKES BLVD #215
WEST PALM BCH, FL. 33409

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

3/6/97 561-687-2111

CR2E034 (9/96)