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

2a. Mailing Address

City & State

6003 NW. 3137

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 2161 PALM BEACH LAKES BLVD.

WEST PALM BEACH FL 33409

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

#215

22

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300080013 (4)

9. Name and Address of Current Registered Agent

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

25

FILED
May 07 1998 8:00am
Secretary of State

Applied For

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

\$8.75 Additional

Mailing Address			
2161 PALM BEACH LAKES BLVD. #215			
FORT. LAUDERDALE FL 33409 US	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		

11/19/1993

65-0525377

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

8. This corporation owes or has paid the current year Intangible

FEI Number

	MUARA, JUSE DE L'MIDI			İ		
6003 N.W. 31ST AVE FORT, LAUDERDALE FL 33309		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)			
го	nt. Diudendale FL 33309		83			
			84 City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607 0502 and 607 1500	8 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 Fforida. 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 protect nance of registerial agent and title if epiphrable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	Change Addition		
NAME	GANDARA, JOSE DE L. M.D.		1.2 NAME			
STREET ADDRESS	2161 PALM BEACH LAKES BLVD., #215		1.3 STREET ADDRESS			
CITY-ST-ZIP	W. Palm Beach Fl		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	21 TITLE	Change Addition		
NAME	PEDRAZA, ANGELA M.D.		2 2 NAME	į		
STREET ADDRESS	2161 PALM BEACH LAKES BLVD., #215		2.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY-ST-ZIP			
THILE		DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY+ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE	Change Addition		
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TIFLE		DELETE	61 TITLE	Change Addition		
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I 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 suppliemental 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						

81 Name