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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000080013

JOSE DE	E LA GANDARA, M.D., P.,	<b>4.</b>						
Dringing Dings	n of Rusiness	Mailing Address		_		-{	4) ( <b>0</b> )(3 <b>) (</b> )(1) <b>00</b> 3	,0)  }
2161 PALM BEACH LAKES BLVD. 6003 NW 31 AVE #215 FT LAUD FL 33309								
WEST PALM BEACH FL 33409 US						DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed		
						11/19/1993		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	1	Applied For
21		26				65-0525377	!	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				3. contracto di citato di		Required
City & State	e	City & State				6. Election Campaign Financing	•	<b>0</b> мау Ве
23		28				Trust Fund Contribution	<del></del> -	d to Fees
Zip	Country	Zip	Cour	ıtry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	<del>ZEV</del> es	□No
	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Registere	u Agent	
GAN	DARA, JOSE DE L M.D.			٠.				
	N.W. 31ST AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1	T. LAUDERDALE FL 33309		-	83				
FOR	1. ENODERIDALE TE 30309			83				
				84	City		85 Zij	p Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	tatutes, the ab	OVE	e-named corpo	oration submits this statement for the purpose	of changing i	its registered
i office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change w	as authorized	bу	the corporation	on's board of directors. I hereby accept the app	ointment as	registered
}	III lamiliar with, and accept the obi	igations of, dection our .0000	, 1 101100 01010		•			ļ
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (	NOTE: Registered A	Agen	nt signature required	d when reinstating) OATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE	D	☐ DELETI	E 1.1 TIT	LE			Change	e 🗌 Addition
NAME	GANDARA, JOSE DE L M.D.		1.2 NAJ	1.2 NAME				
STREET ADDRESS	TADDRESS 2161 PALM BEACH LAKES BLVD., #215		1.3 STF	1.3 STREET ADDRESS				
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CIT	1.4 CITY-ST-ZIP				
TITLE	D DELETE		E 2.1 TITI	2.1 TITLE			Change	e 🗌 Addition
NAME	PEDRAZA, ANGELA M.D.		2 2 NAI	ME				
STREET ADDRESS	2161 PALM BEACH LAKES	BLVD., #215	2.3 STF	REET	TADORESS			}
CITY-ST-ZIP	W. PALM BEACH FL	·	2. 4 CIT	TY-\$	ST-ZIP			
TITLE		☐ DELET	E 3.1 TIT	LE			Change	e 🗌 Addition
NAME			3.2 NAI	ME				
STREET ADDRESS			3.3 STF	REET	T ADDRESS			
CITY-ST-ZIP			3.4. CIT	ry-s	ST-ZIP			
TITLE	☐ DELETE		E 4.1 TIT	4.1 TITLE		•	Change	e Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET	T ADDRESS			
CITY-ST-ZIP			4,4 CIT	Y-8	T-ZIP	<u></u>		
TITLE		☐ DELET	E 5.1 TIT	LE			Change	e 🗌 Addition
NAME			5.2 NAJ	ME				
STREET ADDRESS			5.3 STF	REET	T ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-\$1	T-ZIP			
TITLE		☐ DELET	E 6.1 TIT	ιE			Chang	e Addition
L	1		62 NA	ME				

6.4 CITY-ST-ZIP 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 opposition of 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 chapter 607, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90223 028 \*\*\*158.75