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

Mailing Address 505 W OAK ST

KISSIMMEE FL 34741

2a. Mailing Address

City & State

Suite, Apt. #, etc.

SUITE 202

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9. Name and Address of Current Registered Agent

CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

SUITE 202

505 W. OAK ST SUITE 202

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KISSIMMEE FL 34741

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000003422 (0)

AGUSTINES & AGUSTINES, M.D.'S., P.A.

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AGUSTINES, MANUEL R 505 W. OAK STREET

KISSIMMEE FL 34741

Secretary of State DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1994 4. FEI Number Applied For 59-3214568 Not Applicable \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 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, and accept the obligations of Section 607,0505. Florida Statutes

FILED

Jan 29 1998 8:00am

agent. ra	in ramiliar with, and accept the obligations of, Section 607.	יסטס, רוטוום:	a Statutes.		÷	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	MOTE Po	gistered Agent signature re	- Food whom coloratellons	DATE	
12.	OFFICERS AND DIRECTORS	(14036; 118	13.		O OFFICERS AND DIRECTOR	S IN 12
TITLE		LETE	1.1 TITLE	7.55.110.1570.2.1110.251	Change	Addition
NAME	AGUSTINES, MANUEL R		1.2 NAME		_ ,	_
STREET ADDRESS	505 W OAK ST, SUITE 202	l	1,3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP			
TITLE		LETE	2,1 TITLE	 	☐ Change	Addition
NAME			2,2 NAME			•
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE	L] DE	LETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS		ŀ	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	L] DE	LETE	4.1 TITLE		☐ Change	Addition
NAME !		ł	4. 2 NAME		-	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		ł	4.4 CITY-ST-ZIP			
TITLE	DE	LETE	5.1 TITLE		- Change	Addition
NAME {		Ī	5,2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
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NAME			6.2 NAME			
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CITY-ST-ZIP			6.4 CITY - ST - ZIP			
4.5 1 1 1 1 1 1 1 1 1 1 1	and the state of the first and the state of			1- O 440 07/03/3 Florida Ob	1 1 1 C	

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 informatic 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. MANUEL R. AGUSTINES

SIGNATURE:

Way Carla TURE AT COMICE

1/13/98

407-846-6331 0482060