

FILE NOTY FILING FEE OF THIS MAIL 1ST IS \$550.00

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90063 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040832

1. Corporation Name
JOSE A. BIRRIEL, JR., M.D., P.A.



Principal Place of Business
4101 S HOSPITAL DR
9
PLANTATION FL 33317
US

Mailing Address
4101 S HOSPITAL DR
9
PLANTATION FL 33317
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2a. Mailing Address
21 Suits, Apt. #, etc.
22 City & State
23 Zip Country
24

3. Date incorporated or Qualified
05/26/1994

4. FEI Number
65-0506657

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent
~~RAMON FRED GSO
50 WESTON RD SUITE 225
FT LAUDERDALE FL 33328~~

10. Name and Address of New Registered Agent
81 Name MIAMI CORPORATE SYSTEMS, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
THE WATERFORD
83 5200 BLUE LAGOON DRIVE, SUITE 700
84 MIAMI FL 33126

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. Each 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 obligation of, Section 607.1505, Florida Statutes.

SIGNATURE *Jose A. Birriel, Jr.* DATE 3/13/99

12. OFFICERS AND DIRECTORS

TITLE	DPSI	<input type="checkbox"/> DELETE
NAME	BIRRIEL, JOSE A JR MD	
STREET ADDRESS	4340 SHERIDAN ST SUITE 201	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (1/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(U), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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, with all other like empowered.

SIGNATURE: *Jose A. Birriel, Jr.* Date 2/16/99 (954) 583-1456