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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90121 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000043356

1. Corporation Name

FLORIDA HEALTH PROFESSIONALS, INC.

Principal Place of Business

7775 SW 87 AVE
SUITE 120
MIAMI FL 33173
US

Mailing Address

7775 SW 87 AVE
SUITE 120
MIAMI FL 33173
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

IPARRAGUIRRE, JOSE M.D.
8950 N. KENDALL DRIVE
MIAMI FL 33176

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

65-0505313

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME IPARRAGUIRRE, JOSE I., M.D.
STREET ADDRESS 3661 SOUTH MIAMI AVE #501
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VC
NAME MOZON, ANTONIO, M.D.
STREET ADDRESS 8950 N KENDALL DR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE S
NAME ALVAREZ, PEDRO, M.D.
STREET ADDRESS 7300 SW 62 PLACE
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE T
NAME BITRAN, MAURICIO, M.D.
STREET ADDRESS 4302 ALTON ROAD #940
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)