

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

FILED

Jan 28, 1999 8:00am  
Secretary of State

01-28-1999 90061 003 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P94000054160

1. Corporation Name

WEST FLAGLER MEDICAL GROUP, INC.

Principal Place of Business

3798 W FLAGLER ST  
MIAMI FL 33134

Mailing Address

3798 W FLAGLER ST  
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1994

4. FEI Number

65-0506341

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

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

DE ROJAS, CARLOS M.  
3798 W FLAGLER ST  
MIAMI FL 33134

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

D

DELETE

NAME

SILVERA, ROBERTO J

STREET ADDRESS

102 N W DR

CITY-ST-ZIP

MIAMI FL 33126

TITLE

D

DELETE

NAME

FERNANDEZ-RAYA, RIGOBERTO

STREET ADDRESS

765 E 27TH ST

CITY-ST-ZIP

HIALEAH FL 33013

TITLE

D

DELETE

NAME

D

DELETE

STREET ADDRESS

D

DELETE

CITY-ST-ZIP

D

DELETE

TITLE

D

DELETE

NAME

D

DELETE

STREET ADDRESS

D

DELETE

CITY-ST-ZIP

D

DELETE

TITLE

D

DELETE

NAME

D

DELETE

STREET ADDRESS

D

DELETE

CITY-ST-ZIP

D

DELETE

TITLE

D

DELETE

NAME

D

DELETE

STREET ADDRESS

D

DELETE

CITY-ST-ZIP

D

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

Change

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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

ROBERTO J SILVERA, DNR

Date

1/7/99

Daytime Phone #

305-444-5555

CR2E034 (11/98)