

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90067 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P94000059610

1. Corporation Name
CARLOS PINIELLA, M.D., P.A.



Principal Place of Business
9275 S.W. 152 ST.
#202
MIAMI FL 33157-1774
US

Mailing Address
9275 S.W. 152 ST.
#202
MIAMI FL 33157-1774
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/12/1994

2. Principal Place of Business
21 9275 SW 152 ST
Suite, Apt. #, etc.
22 SUITE 210
City & State
23 MIAMI FL
Zip Country
24 33157 25

2a. Mailing Address
26 9275 SW 152 ST.
Suite, Apt. #, etc.
27 SUITE 210
City & State
28 MIAMI FL
Zip Country
29 33157 30

4. FEI Number
65-0511984
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINIELLA, CARLOS
2950 BIRD AVENUE
COCONUT GROVE FL 33133

81 Name
PINIELLA, CARLOS
82 Street Address (P.O. Box Number is Not Acceptable)
3460 POINCIANA AVENUE
83
84 City
MIAMI FL
85 Zip Code
33133

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 and hereby accepted by the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [Signature] DATE 4/30/99
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	PINIELLA, CARLOS	2950 BIRD AVENUE	COCONUT GROVE FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	PINIELLA CARLOS	3460 POINCIANA AVENUE	MIAMI, FL 33133	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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] DATE 4/30/99 (305)255-9577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)