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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000009273 (0)

## FILED May 14 1998 8:00am Secretary of State

FRANKLIN LLANES, M.D. P.A.										
Principal Place	e of Business	Mailing Addres	ss				-{ 	110 15110 1101	i 1 <b>490)</b> 1111 <b>109</b> 1	
570 NW 109TH AVE. 5 570 NW 109TH AVE. 5										
MIAMI FL 33172 MIAMI FL 33172							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified			
							02/03/1995			
2. Principal Pl	ace of Business	2a. Mailing Add	2a. Mailing Address				4. FEI Number		Applied For	$\Box$
21		26					65-0754590	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired See Required			- }
City & State	0	[27]	City & State							
23	<b>,</b>	1	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees			
Zip	Country	Zip	1	Coun	itry		8. This corporation owes or has paid the cu			-
24	25	29		30			Personal Property Tax due June 30.	Yes	□ No	
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Registered	Agent		_]
	ANES, FRANKLIN MD			];	81   1	Name				- }
	0 NW 109TH AVE, 5		82			Street Addre	ss (P.O. Box Number is Not Acceptable)	<del></del>		$\neg$
MI	AMI FL 33172			<u> </u>	63					
					•					1
				) [	84 (	City	FL	85 Z	ip Code	$\neg$
11. Pursuant 1	to the provisions of Sections 607 05	02 and 607.1508	rda Statute	s the ab	OVE-D	amed corpo			n ite reniste/e	-d
office or r	egistered agent, or both, in the State	e of Florida Such cha	ange was au	uthorized	by th	ne corporation	oration submits this statement for the purpose on's board of directors. I hereby acceptable ap	pointment	as registered	i"
	in tamilar with, and accept the being	10010-01, 30-1011-0,	7.0505, FIO	iba statu	1,68.	7	a 0// 9	/	1	2/
SIGNATURE	Signature, typed or printed parent of registrated ac	ent and title if applicable	(NOTE:	Reg stered	Agent s	signature require	d when reinstating) DATE	/-	FH.	ے  /
12.	OFFICERS AN	NO DIRECTORS		13.			ADDITIONS/CHANGES/TO OFFICERS AN	D DIRECT	ORS IN 12	<u></u>
TITLE	D		DELETE	1.1 TITU	LE	}	·	Cháng	ge 🛄 Additio	on   E
NAME .	LLANES, FRANKLIN MD				1.2 NAME					12
STREET ADDRESS	570 NW 109TH AVE, 5			1.3 STREET ADDRESS		i				Į
CITY-ST-ZIP	MIAMI FL 33172	<del></del>	DELETE	-	Y-ST-7	ZIP		Chang	ge 🔲 Additio	
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NAME				3 2 NA	ME	1				-
STREET ADDRESS				3.3 STR	REET AD	DRESS				
CITY-ST-ZIP				3.4. Cit	Y-ST-	ZIP				
TITUE			DELETE	4,1 TIT	LE	Ţ		Chang	ge 🔲 Additio	on
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 STR	REET AD	DRESS				
CITY-ST-ZIP TITLE	<u></u>		NELETE		Y-ST-2	tip			, Taaaa	_
NAME		L. 1	DELETE	5.1 TITE				Chang	e Additio	on
STREET ADDRESS				5.2 NAM		DDECC				1
CITY-ST-ZIP					REET ADI	J				
TITLE			DELETE	5.4 CITY 6.1 TITL				Chang	ge 🔲 Additio	
NAME		<b>-</b>		6.2 NAM		1		Undiff.	- LJ Addition	
STREET ADDRESS				1	en. Reet adi	DRESS				
CITY-ST-ZIP			<del>-</del>	6.4 CITY		ſ				
	ertify that the information supplied v	vith this filling does no	t quality for	the exer	nption	n stated in S	ection 119.07(3)(i), Florida Statutes. I further c	ertify that !	the information	ก

I. I hereby certify that the information supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental appeal report is frue and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or they feeting or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or such adjustment with an address.

SIGNATURE:

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1/29 /2/305