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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

DOCUMENT # P	95000021204
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VICENTE F. FRANCO, M.D., P.A.

Principal Place of Business Mailing Address		I realises (10 1910) affil agus agus agus agus	E 1100) ((010 1)811 8011 8111 9191 1461		
884 S.W. 57TH AVE 1884 S.W. 57TH AVE AIAMI FL 33155 MIAMI FL 33155 US US			DO NOT WRITE IN TH	IS SPACE	
			3. Date Incorporated or Qualifed		
			03/15/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		65-0568984	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23   Zip Country   24   25		ountry	This corporation owes the current year     Personal Property Tax.		
9. Name and Address of Cur			10. Name and Address of New Registers	d Agent	
FRANCO, VICENTE F 1890 SW 57 AVE SUITE 109		181	ess (P.O. Box Number is Not Acceptable), YAMIN FL. 3	3155	
MIAMI FL 33155		84 City	MANNI FC 3	95 Zin 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 shigations of, Section 607.0505, Florida Statutes.

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE FRANCO, VICENTE F 1.2 NAME NAME 1890 SW 57TH AVE SUITE 107 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33155 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

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, ogon an attachment with an address, with a report of the corporation of the corporation of the receiver or trustee empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

☐ Change

Addition

CR2E034 (11/98)