

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Oct 07 1998 8:00am
 Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000028559 (9)

1. Corporation Name
 JORGE LUIS SOSA, M.D., P.A.



Principal Place of Business: 7100 WEST 20 AVENUE, #610, HIALEAH FL 33016, US
 Mailing Address: 7100 WEST 20 AVENUE, #610, HIALEAH FL 33016, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4751 W. 4th Ave., Hialeah, FL, 33012, USA
 2a. Mailing Address: 4751 W. 4th Ave., Hialeah, FL, 33012, USA

3. Date Incorporated or Qualified: 03/17/1995
 4. FEI Number: 65-0576667
 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 or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent: SOSA, JORGE L M.D., 7100 WEST 20 AVENUE, #610, HIALEAH FL 33016

10. Name and Address of New Registered Agent: 81 Name: Jorge L. Sosa, 82 Street Address: 9320 SW 17th St., 83, 84 City: Miami, FL, 85 Zip Code: 33165

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] DATE: 9/21/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SOSA, JORGE L M.D.	
STREET ADDRESS	7100 W 20 AVE #608	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jorge L. Sosa, M.D.	
1.3 STREET ADDRESS	4751 W. 4th Ave	
1.4 CITY-ST-ZIP	Hialeah, FL 33012	
2.1 TITLE	V/T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cristina Sori	
2.3 STREET ADDRESS	4751 W. 4th Ave	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: [Signature] DATE: 9/21/98 306558-0111

CR2E034 (5/98)