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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041300

1. Corporation Name

JESUS M. MENENDEZ, M.D. INC.

Principal Place of Business Mailing Address						i imbilder træ i Britt Aleit fante entre aber antre abber inne etti gert ann rom
7930 S.W. 8TH STREET MIAMI FL 33144 US		7930 S.W. 8TH STREET Miami Fl 33144 US			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 05/25/1995
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
		26	26			65-0612836 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	<u> </u>			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip		intry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent			1	10. Name and Address of New Registered Agent
D4D	0.111 ALDEDTO			81	Name	
	ouh, alberto I. Flagler St.			82	Street A	Address (P.O. Box Number is Not Acceptable)
SUIT	E 368			83		
MIAN	MI FL 33131			-	0.4	■ 85 Zip Code
				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.		ND DIRECTORS	13.	nya	n aignatura rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TI	TLE		☐ Change ☐ Addition
NAME	MENENDEZ, JESUS M.D.		1.2 N	AME		
STREET ADDRESS	7930 S.W. 8TH STREET		1.3 S	TREE 1	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CI			
TITLE	Inn and 12 00111	☐ DELETE	2.1 TI		, _,	☐ Change ☐ Addition
NAME			2.2 N	AME		•
STREET ADDRESS					TADDRESS	المناجعين الراب المسيد الرابي المسيد
CITY-ST-ZIP					ST-ZIP	
TITLE		☐ DELETE	3.1 TI			☐ Change ☐ Addition
NAME			3.2 N	AME		,
STREET ADDRESS			3.3 \$	TREE	T ADDRESS	
CITY-ST-ZIP			3.4. C	ITY-S	ST-ZIP	·
TITLE		☐ DELETE	4.1 TI	TLE		Change Addition
NAME			4.2 N	IAME		· i
STREET ADDRESS			4.3 S	TREET	T ADDRESS	
CITY-ST-ZIP			4.4 C	TY-S	T-21P	
TITLE		☐ DELETE	5.1 T	TLE		☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREE	TADDRESS	
CITY-ST-ZIP			5 4 C	ITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			62 N	AME		•
STREET ADDRESS			6.3 S	TREE	T ADDRESS	

s filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ball report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an order to be supposed to execute this report as required by Chapter 607; Florida Statutes; and that my name appears in it with an address, with all other like empowered. 14. I hereby certify that the information supplied with indicated on this annual report of supplience and officer or director of the conperation or the table. Block 12 or Block 13 if changed, of the table.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR