

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

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90018 021 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000054081 (1) ✓
1. Corporation Name
LUIS C. GUERRERO, M.D., P.A.

Principal Place of Business 3663 SW 8th St. Suite 204 Miami, Fl. 33135 US	Mailing Address 3663 SW 8th St. Suite 204 Miami, Fl. 33135
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
7/13/1995

2. Principal Place of Business 21 2122 SW 67th Avenue Suite, Apt. #, etc. 22 City & State 23 Miami, Fl.	2a. Mailing Address 26 2122 SW 67th Avenue Suite, Apt. #, etc. 27 City & State 28 Miami, Fl.
24 33155 25 USA	29 33155 30 USA

4. FEI Number 65-0596832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GUERRERO, LUIS C. MD
3663 SW 8th Street
Suite 204
Miami, Fl. 33135

10. Name and Address of New Registered Agent
81 Name
GUERRERO, LUIS C. MD
82 Street Address (P.O. Box Number is Not Acceptable)
2122 SW 67th Avenue
83
84 City
Miami FL 85 Zip Code
33155

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 X Luis C. Guerrero MD, PA. DATE 7/7/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUERRERO, LUIS C.	
STREET ADDRESS	3663 SW 8th St., Suite 204	
CITY-ST-ZIP	Miami, Fl. 33135	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUERRERO, LUIS C.	
1.3 STREET ADDRESS	2122 SW 67th Avenue	
1.4 CITY-ST-ZIP	Miami, Fl. 33155	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: X Luis C. Guerrero MD, PA. DATE 7/7/99 DAYTIME PHONE # (305) 267-7441
Signature, typed or printed name of signing officer or director

CR2E034 (11/98)