

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000068200 (1)

1. Corporation Name

GABRIEL R. PRESNO, M.D., P.A.

Principal Place of Business

3636 GRAND AVENUE
MIAMI FL 33133

Mailing Address

3636 GRAND AVENUE
MIAMI FL 33133

FILED
May 04 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1995

4. FEI Number

65-0738704

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

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

PRESNO, GABRIEL R M.D.
3636 GRAND AVENUE
MIAMI FL 33133

81 Name GABRIEL R. PRESNO M.D.

82 Street Address (P.O. Box Number is Not Acceptable)
6230 SW 38 Street

83

84 City MIAMI, FL 85 Zip Code 33133

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 resuming)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	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:

Gabriel R. Presno, M.D.

4/1/98

CR2E034 (10/97)