

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90002 018 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000073804**

1. Corporation Name

**ARROGANTE OB/GYN ASSOCIATES, P.A.**



Principal Place of Business

**1199 SOUTH MIAMI STREET  
SUITE 5  
BELLE GLADE FL 33430**

Mailing Address

**1199 SOUTH MIAMI STREET  
SUITE 5  
BELLE GLADE FL 33430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/22/1995**

4. FEI Number

**65-0608114**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Election Campaign Financing



**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**ARROGANTE, CARLITO  
702 SOUTH LAKESIDE DR  
LAKEWORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name

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

83

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. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **ARROGANTE, CARLITO**  
STREET ADDRESS **702 S LAKESIDE DR**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE



Change



Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**V. P  
RACHEL ARROGANTE  
702 S. LAKESIDE DRIVE  
LAKE WORTH, FLA.**



Change



Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP



Change



Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP



Change



Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP



Change



Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition

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: *x Rachel Arrogante*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/30/99**

CR2E034 (5/99)