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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600005398 (8)

GGSF PHYSICIANS CORP.

Principal Place of Business				Mailing Address						T HOORIGODE HID HOLEN BIRKE BAKK OFFICE D			(818) <u>(88)</u>
5101 S.W. 8TH STREET MIAMI FL 33134			510	5101 S.W. 6TH STREET									
			MIAMI FL 33134					DO NOT WRITE IN THIS SPACE					
ļ									-	Date Incorporated or Qualified	E IN THIS	SPACE	
Ī									3.	01/17/1996			
2. Principal P	lace of Busi	ness	2a, N	Mailing Address					4.	FEI Number		11	Applied For
21			26	•					-	65-0635396		— →	Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					Ι_				Additional
22			27						5.	Certificate of Status Desired	Ш	Fee	Required
City & Stat	te			City & State	_				8.	Election Campaign Financing		\$5.0	May Be
23			28						ļ	Trust Fund Contribution		Adde	d to Fees
Zip		Country	├ ──	Zip		Country	/		В.	This corporation owes or has p			
24	6 Name	and Address of Curre	29	red Agent	30				10	Personal Property Tax due Juni Name and Address of New Ro		Yes	□ No
4/11			ur nograte	nou Agont		81	Name	е	10.	Hallie Billy Audiose VI Hen Hi	gistered	- Agoin	
	RZWELL, H												
328 MINORCA AVENUE SECOND FLOOR						82	Stree	t Addre	dress (P.O. Box Number is Not Acceptable)				
		ES FL 33134				83							
	INAL GADE	EO FL 33134										. , .	
						84	City				FI	85 Zi	p Code
11. Pursuant	to the provis	ions of Sections 607.05	02 and 607	7.1508, Florida St	tatutes, t	the above	e-name	d corpo	ration	n submits this statement for the	purpose o	of changing	its registered
office or r	registered ag ım familiar w	gent, or b oth, in the State	e of Florida	i. Such change w Section 607 0505	vas autho 5. Florida	orized by a Statutes	the co	progratio	on's b	poard of directors. I hereby acce	pt the ap	pointment	as registered
SIGNATURE	arii igariiar ii	itti, ana accopt tile opiig	ganono di, c	000110/1 007 10500	y, 1 londe	a olalalot	J.						
SIGNATURE	Signature, typec	for printed name of registered ag	ent and title if a	applicable	INOTE: Box	nistered Age		re required	d when	reinstating)	DATE		
12.					flacult: coct	grotorou nge	ent signatu		J MILON	(to	PAIL		
		OFFICERS AN	ND DIRECT	ORS		13.	ent signatu			ADDITIONS/CHANGES TO OFFI			
TITLE	PD		ND DIRECT				ent signatu					D DIRECTO	
TITLE NAME	HERNAI	NDEZ, MOISES E	ND DIRECT	ORS		13.	ent signatu						
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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 trastee 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:

1/12/98

FILED

Jan 20 1998 8:00am

Secretary of State