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**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90016 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000012971**

1. Corporation Name  
**OTHON WILTZ, M.D., P.A.**

Principal Place of Business 7400 S.W. 81ST AVENUE MIAMI FL	Mailing Address 7400 S.W. 81ST AVENUE MIAMI FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8950 N Kendall Drive Suite 410</b> Miami FL 33176-2152	2a. Mailing Address 26 <b>PO Box 431147</b> Miami FL 33243-1147
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified <b>02/08/1996</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0652122</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COBER CORPORATE AGENTS, INC.**  
 2601 SOUTH BAYSHORE DRIVE  
 19TH FLOOR  
 MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	WILTZ, OTHON M.D.	
STREET ADDRESS	7400 S.W. 81ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pstd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wiltz, Othon MD	
1.3 STREET ADDRESS	9260 SW 875 Strat	
1.4 CITY-ST-ZIP	Miami FL 33173	

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:  **SIGNATURE REQUIRED** **3/23/99** (305) 596-3080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)