SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$760).

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Sep 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **GORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secrement of State DIVISION OF CORPORATIONS 1998 **DOCUMENT#** asias M.D. & nanduz Suonet M.D. P.A. DO NOT WRITE IN THIS SPACE USA 3. Date Incorporated or Qualified 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Country Ζφ Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AM KGS Registend agent Inc Name 1980 Suntrust International Center 82 Street Address (P.O. Box Number is Not Acceptable) 83 ISE 310 ave City 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. I am I have been supported 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 I have been supported by the corporation's board of directors. I hereby accept the appointment as registered agent. I am I have been supported by the corporation's board of directors. I hereby accept the appointment as registered agent. I am I have been supported by the corporation submits this statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits this statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits this statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits this statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits this statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits this statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits the statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits the statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits the statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits the statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits the statement for the purpose of changing its registered agent. I am I have been supported by the corporation submits the statement for the purpose of changing its registered agent. I a SIGNATURE _ -(NOTE: Registered Agent signature required when run stating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. . ICERS AND UNECTORS 13. □ DELETE Change Addition 1.1 TITLE TITLE Mala M. Iglesias, MD 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 14 CHTY-ST-ZIP CHTY-ST-ZIP ACE-President DELETE J. Hernandet Suarez, MD ☐ Change Addition 21 11TLE 1ITLE 22 NAME 2.3 STREET ADDRESS as abme 2 4 CHY-ST-ZIP DELETE Addition ☐ Change 3.1 TITLE 11111 3.2 NAME NAMÉ 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST ZIF DELETE ☐ Change Addition 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY-S1-ZIP CITY-ST ZIP DI DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME NAMI 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP ☐ Change __ Addition DELETE. 6.1 THEF THIF 6000026353**9**6 6.2 NAME NAMS -0**9**/09/98--01059--**00**9 6.3 STREET ADDRESS ***550.00 6.4 CITY - ST - ZIP CITY-ST ZIE 14. Thereby certily 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 suppliemental 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

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