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

PROFIT
CORPORATION
ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Atarthana

Construct Out

Secretary of State

## FILED Feb 12 1998 8:00am Secretary of State

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

COR ANNU	PROFIT  RPORATION  JAL REPORT  1998  FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Socretary of State  DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	MENT # P96000	033990	(8)			
JULIO C. MACHADO, JR., M.D. P.A.						:
						<u> </u>
Principal Place of Business Mailing Address						// 83/00 8/00 4/10 8 <b>9/40 1</b> 6/11 88/14 1991
		7942 SW 89TH MIAMI FL 33156	•			
MIAMI FL 33156 MIAMI FL			)		DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified 04/18/1996	
2. Principal Place of Business 28. Mailing			ess		4. FEI Number	Applied For
26					65-0669715	Not Applicable
<del></del>			Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
		City & State	State		6. Election Campaign Financing	\$5.00 May Be
23		28	····		Trust Fund Contribution	☐ Added to Fees
Zip Country Zip 22 22 29			Country 30		This corporation owes or has pair  Personal Property Tax due June	
	9. Name and Address of Current				10. Name and Address of New Re	
MESA, MANUEL A   81   Name						:
250 BIRD RD., STE. 216 CORAL GABLES FL 33146			Ī	B2 Street Add	dress (P.O. Box Number is Not Acceptab	le)
CORAL GABLES PL 33140			<u>}</u>	<b>B</b> 3		
84				B4 City		FL 85 Zip Code
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Signature types or printed name of registered agent and the it applicable.   (NOTE Registered Agent signature required when reinstating)    DATE   DATE						
12.	OLLICERS AND	DIRECTORS D	13. ELETE 1.1 TH	F [	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MACHADO, JULIO C JR.		1.2 NA			
STREET ADDRESS	7942 SW 89TH ST.		1.3 STI	REET ADDRESS		;
CITY-S1-ZIP	MIAMI FL 33158	Di		Y-ST-ZIP		Change Addition
TITLE NAME		[] <i>U</i>	ELETE 2.1 TIT 2.2 NA	J	,	LT cusings LT vocation
STREET ADDRESS				EET ADORESS		
CITY-SI-ZIP				Y-ST-ZIP		
TITLE		D		ſ		L Change L Addition
NAME STREET ADDRESS			3.2 NA	ME EET ADDRESS		
CITY - ST - ZIP				Y-ST-ZIP		
TITLE		D	ELETE 4.1 TIT	.E		Change Addition
NAME			4.2 NA			
STREET ADORESS   CITY+ST-ZIP			•	REET ADDRESS   Y-ST-ZIP		
TITLE		D				Change Addition
NAME			5.2 NA	ſ		
STREET ADDRESS				REET ADDRESS		.
CITY-ST-ZIP TITLE		D	5.4 CIT ELETE 6.1 TIT	Y-ST-ŽIP LE		Change Addition
NAME			6.2 NA	ĺ		: <sup>-</sup>
STREET ADDRESS			6.3 \$10	HEET ADDRESS		
City-St-ZiP	ortile that the information consider wi	th this filing dose sol	quality for the eve	Y-ST-ZIP	n Section 119 07(3)(i) Florida Statutos I	further certify that the information
14. Thereby 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 eath; that I am an officer or director of the corporation or the recognition fursities 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 attagraph with an address.						