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).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# P96000041402

RAUL R. VERDE, M.D., P.A.

FILED Jul 30, 1999 8:00 am Secretary of State

07-30-1999 90004 038 ***550.00



Suite, Apt. #, etc. Suite, Ap	Principal Place							
VENCE FL 34292 VENCE FL 34292 VENCE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O5/03/1996 14. FEN Lumber		e of Business	Mailing Address					
3. Date Incorporated or Qualified O5/03/1996 2. Principal Place of Business								
Principal Place of Business 2a. Mailing Address 4. FEI Number Appli		•					S SPACE	
Sulte, Apt. #, etc. Sulte, Ap			_					
Suite, Apt. #, etc. 21	2. Principal P	lace of Business	2a. Mailing Address			1	Applied For	
22 27 27 28 28 28 28 29 30 30 30 30 30 30 30 3	21		26			65-0669173	Not Applicab	ile
22 27 28 28 28 28 29 29 20 20 29 29 29 29	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of Status Desired	\$8.75 Additional	
Zip	22 -		27			3. Continues of States 2001102	Fee Required	
Zip Country Zip Country 2	City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
9. Name and Address of Current Registered Agent VERDE, PENNY 3261 BORDER ROAD VENICE FL 34292 10. Name and Address of New Registered Agent VERDE, PENNY 3261 BORDER ROAD VENICE FL 34292 83 84 City FL 85 Zip Co 85 Zip Co 86 Address (P.O. Box Number is Not Acceptable) 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 agent, and accept the obligations of, sections 607,0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, sections 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, sections 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, sections 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and agent, and accept the appointment as registered agent, and accept the appointment as registered agent, and agent, and accept the appointment as registered agent, and accept the app	23		28			Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent VERDE, PENNY 3261 BORDER ROAD VENICE FL 34292 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Co 84 City FL 85 Zip Co 85 Zip Co 86 City FL 86 Zip Co 87 City FL 87 Zip Co 88 City FL 88 Zip Co 88 Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Co 84 City FL 85 Zip Co 85 Zip Co 86 City FL 85 Zip Co 87 City FL 85 Zip Co 88 Address (P.O. Box Number is Not Acceptable) 88 Address (P.O. Box Number is Not Acceptable) 89 City FL 85 Zip Co 80 City FL 85 Zip Co 80 City FL 85 Zip Co 81 City FL 85 Zip Co 81 City FL 85 Zip Co 82 City Co 83 City Co 84 City FL 85 Zip Co 85 Zip Co 86 City FL 85 Zip Co 87 City City FL 85 Zip Co 88 City City FL 85 Zip Co 89 Zip Co 80 City City FL 85 Zip Co 80 City City City City City City City City	Zip	Country	—¬ ' ⊢	_ ·		•	d . –	ļ
VERDE, PENNY 3261 BORDER ROAD VENICE FL 34292 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 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 registagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registagent in a familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registagent in a familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registagent in a familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registagent in a familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registagent and stile if applicable. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registagent and stile if applicable in a gent in a familiar with, and accept the obligation of sections of other familiar with, and accept the obligation of sections of changing its registagent and stile if applicable in a gent in a gen	24			0				
VERDE, PENNY 3261 BORDER ROAD VENICE FL 34292 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Co 85 Zip Co 86 City FL 85 Zip Co 86 Zip Co 87 Zip Co 88 Zip Co 89 Zip Co 80 Zip		9. Name and Address of Co	urrent Registered Agent	701		10. Name and Address of New Registere	l Agent	
3261 BORDER ROAD VENICE FL 34292 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 regist 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 regist agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signahure, byped or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change	VED	אר מבאאי		87	Name			
VENICE FL 34292 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 regist of price 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 regist 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1.1 TITLE 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
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 registared 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 registagent, 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D VERDE, RAUL R M.D. 3261 BORDER ROAD 1.3 STREET ADDRESS VENICE FL 34292 1.4 CITY-ST-ZIP DELETE 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change							·	
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 regis 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 regis 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME VERDE, RAUL R M.D. 3261 BORDER ROAD 13 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 21 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE AMME STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS	VEN	HUE PL 34292		83				1
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 regist 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 regist 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME VERDE, RAUL R M.D. 3261 BORDER ROAD VENICE FL 34292 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE ACCHANGE Change STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				84	City	_	85 Zip Code	
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 registagent. 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 NAME VERDE, RAUL R M.D. 3261 BORDER ROAD VENICE FL 34292 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Change Change Change Change Change STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TITLE D DELETE 1.1 TITLE NAME VERDE, RAUL R M.D. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE AAC CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS	office or	registered agent or both in the	State of Florida. Such change was aut	thorized by	the comoration	on's board of directors. I hereby accept the app	pintment as registered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE D OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1.1 TITLE DELETE 1.2 NAME 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS	SIGNATURE					DATE:		
D					jent signature requ	,	ND DIRECTORS IN 12	
NAME VERDE, RAUL R M.D. 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP VENICE FL 34292 1.4 CITY-ST-ZIP				1		ADDITIONS/CITATOES TO OTT TOETRO		_ 1 1
STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 1.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.3 STREET ADDRESS		_	[] DELETE				Change Addit	٠. ا
CITY_ST-ZIP VENICE FL 34292 1.4 CITY_ST-ZIP TITLE DELETE 2.1 TITLE Change NAME 22 NAME 2.3 STREET ADDRESS				1	*DDDECC			
TITLE DELETE 2.1 TITLE Change Change NAME 22 NAME 2.3 STREET ADDRESS. CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Change </th <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS		VENIUE PL 34292			ZIP		Change Additi	
STREET ADDRESS 2.3 STREET ADDRESS			C DELETE	1	1		Cuange C Augus	on
CITY_ST-ZIP 2.4 CITY_ST-ZIP TITLE DELETE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS				1	I Approx			
TITLE DELETE 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS				l	1			Į.
NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS					ZIP			
STREET ADDRESS 3.3 STREET ADDRESS	TITLE		L DELETE	1			Change Additi	on
	NAME				1			1
	STREET ADDRESS							
CITY-ST-ZIP 3.4 CITY-ST-ZIP	CITY-ST-ZIP				ZIP			
TITLE DELETE 4.1 TITLE Change	TITLE		L DELETE				Change Additi	เอก
NAME 4.2 NAME	NAME							ĺ
STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP				ZIP			
TITLE DFI FTE 5.1 TITLE Change	TITLE		DELETE	5.1 TITLE			☐ Change ☐ Additi	ion
	NAME			5.2 NAME				1
	STREET ADDRESS			5.3 STREET	ADDRESS			
NAME 5.2 NAME	CITY-ST-ZIP			5.4 CITY-ST	ZIP			
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS	TITLE		DELETE	6.1 TITLE			Change Additi	ion
NAME 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	NAME			6.2 NAME				ĺ
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change		(6 2 PTOFFT	ADDDECC			
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change	STREET ADDRESS	ļ.		0.3 STREET	AUDICESS			

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 apachment with an address.

SIGNATURE:

~SIGNET CHESTED LIKED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #