## 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 # P96000044605 (9)

FERNANDO J. VELASQUEZ, M.D., P.A.

Principal Place of Business

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Mailing Address

**FILED** Jan 15 1998 8:00am Secretary of State



| 2906 WEST TAMPA BAY BOULEVARD<br>TAMPA FL 33607             |   | 2906 WEST TAMPA BAY BOULEVARD<br>TAMPA FL 33607   |  | DO NOT WORLD BY THE                              | <b>CDACE</b>  |  |
|---|---|---|--|--|---|--|
|   |   |   |  |  | 3. Date incorporated or Qualified 05/24/1996  | SI NUL   |
| 2. Principal Place of Business                              |   | 2a. Mailing Address   |  |  | 4. FEI Number   | Applied For  |
| 21  |   | 26  |  |  | 59-3386496  | Not Applicable   |
| Suite, Apt. #, etc.   |   | Suite, Apt #, etc.  |  |  | 5. Certificate of Status Desired  | \$8.75 Additional  |
| 22<br>City & State  | <del></del>   | City & State  |  |  |   | Fee Required   |
| 23  |   | 28  |  |  | 6, Election Campaign Financing Trust Fund Contribution  | <b>\$5.00</b> May Be   |
| Zip   | Country   | Zip   | Cou  | intry  | B. This corporation owes or has paid the cu   | Added to Fees  |
| 24  | 25  | 29  | 30   | ,  |   | Yes No   |
|   | and Address of Curre                                  | ·· •  |  | · · · · · · · · · · · · · · · · · · ·            | 10. Name and Address of New Registered  |  |
| VELASQUEZ, I  | FERNANDO J  |   |  | 81 Name  |   |  |
|   | AMPA BAY BOULEVA                                      | .RD   |  | 82 Street A                                      | Address (P.O. Box Number is Not Acceptable)   |  |
| TAMPA FL 336  |   |   |  | OLI CCC 7  | acciness (1.0. box Normber is Not Acceptable)   |  |
|   |   |   |  | 83   |   |  |
|   |   |   |  | 84 City  |   | 85 Zip Code  |
|   |   |   |  | '  | FL  |  |
| orrice or registered ag                                     | ent, or both, in the State                            | oz and 607.1506, Florida Si<br>of Florida Such change w<br>pations of, Section 607.0505   | /as authorized                                   | d by the corp                                    | corporation submits this statement for the purpose o<br>oration's board of directors. I horeby accept the app   | f changing its registered<br>oointment as registered                       |
| Signature, typed  | or print <b>ed n</b> ame of regestered ag             |   | (NOTE: Degistered                                | l Agent signature i                              | Required where reinstating) DATE  | · · · · · · ·  |
| 12.   | OFFICERS AN   | ID DIRECTORS  | 13.  |  | ADDITIONS/CHANGES TO OFFICERS AND   | - <del></del>  |
| TITLE D   | 157 FF0111100 11                                      | LI DOLETE   | 1.1 111  |  |   | Change Addition  |
| VELASOUEZ, FERNANDO J M.D.                                  |   |   | 1.2 NA   |  |   |  |
| STREET ADDRESS 2906 WEST TAMPA BAY BOULEVARD TAMPA FL 33607 |   |   |  | REFT ADDRESS                                     |   |  |
| CITY-ST-ZIP TAMPA F   | L 33007   | DELETE  |  | IY-ST-ZIP  |   |  |
| NAME  |   |   | 2 1 1H<br>2 2 NA                                 | ľ  |   | Change Addition  |
| STREET ADDRESS  |   |   |  | REEL ADDRESS                                     |   |  |
| CITY-ST-ZIP   |   |   |  | TY - ST - 7/P                                    |   |  |
| TITLE   |   | DECETE  | 3.1 111  |  |   | Change Addition  |
| NAME  |   |   | 3.2 NA   |  |   |  |
| STREET ADDRESS  |   |   |  | REET ADDRESS                                     |   |  |
| CITY-ST-ZIP   |   |   | i i  | 14 - 83 - Alb                                    |   |  |
| TITLE   |   | DELETE  | 41101  | ****   |   | Change Addition  |
| NAME  |   |   | 4 2 N/   | IME  |   | - <del>-</del>   |
| STREET ADDRESS  |   |   | 4 3 516  | REEL ADDRESS                                     |   |  |
| CITY-ST-ZIP   |   |   | 4.4 CIT  | Y · SI · ZIP                                     |   |  |
| TITLE   |   | DELETE  | . 51 TH  | LE   |   | Change Addition  |
| NAME  |   |   | 5.2 NA   | ME   |   |  |
| STREET ADDRESS  |   |   | 5.3 ST   | REET ADDRESS                                     |   |  |
| CITY-ST-ZIP   |   |   | 5 4 CIT  | Y-\$1-ZIP  |   |  |
| TITLE   |   | L_ DELETE   | 6 1 TH   | , F  |   | Change Addition  |
| NAME  |   |   | 6.2 NA   | ME   |   |  |
| STREET ADORESS  |   |   | 6.3 STF  | IFET ADDRESS                                     |   |  |
| CITY-ST-ZIP   | <del>, , , , , , , , , , , , , , , , , , , </del>     | <del></del>   | 6.4 CH   | Y-S1-7IF   |   |  |
| officer or director of the                                  | al report or supplomenta<br>e corporation or the rece | ith this fitting does not qualiful annual report is true and it annual report is true and six ur or trustee empowe established with a paddress. | ty for the exer<br>accurate and<br>to execute th | inplion stated<br>that my sign<br>as report as r | I in Section 119.07(3)(i), Florida Statutes. I further ce ature shall have the same legal effect as if made un equired by Chapter 607, Florida Statutes; and that r | rtity that the information<br>der oath, that I am an<br>ny name appears in |