Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

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

**▶ PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000048991

1. Corporation Name GUSTAVO E. COLL, M.D., P.A	<b>.</b>				
Principal Place of Business	Mailing Address	1 19011081 (10 ) 0110 OTHER BOTEL OF			
5821 S.W. 132 TERRACE MIAMI FL 33156	5821 S.W. 132 TERRACE MIAMI FL 33156	DO NOT WRI			
		<ol> <li>Date Incorporated or Qualifed 06/05/1996</li> </ol>			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0677469			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired			
City & State	City & State	Election Campaign Financing     Trust Fund Contribution			
Zip Country	Zip Country	8. This corporation owes the cur			

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90110 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Zip   Country   Zip   Country   Zip   Country   B. This corporation owes the current year Intangible   Personal Property Tax     Yes   No	23		28					Trust Fund Co	ntribution		Added	to Fees
9. Name and Address of Current Registered Agent  COLL, GUSTAVO E MD 1097 SW LEJEUNE ROAD CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE 30		Country	Zip		Country		8	. This corporation	on owes the cu	ırrent year Inta	angible	
COLL, GUSTAVO E MD 1097 SW LEJEUNE ROAD CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Accoptable)  83 SW LEJEUNE ROAD CORAL GABLES FL 33134  84 City  FL 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505. Piorida Statutes.  85 SIGNATURE Signature, period represed 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. Piorida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  COLL, GUSTAVO E  1097 S.W. LEJEUNE RD.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZP  15. NAME 12. NAME 12. NAME 12. NAME 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZP  14. TITLE 14. NAME 14. TITLE 15. NAME 15. NAME 16. STREET ADDRESS 15.	24	25	29	30	0			Personal Prop	erty Tax.		☐Yes	□No
COLL GUSTAVO E MD 1097 SW LEJEUNE ROAD CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statuties.  85 SIGNATURE  Signature, hond or proted rains of registered agent and the 8 significants.  86 Processor of Processor of Annalysis in Section 607.0505, Florida Statuties.  87 Signature, hond or proted rains of registered agent and the 8 significants.  88 Add City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statuties. The provision of Section 607.0505, Florida Statuties.  88 Add City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statuties. The provision of Section 607.0505, Florida Statuties.  88 Add City  FL 85 Zip Code  11. Pursuant to the provisions of Section 607.0505, Florida Statuties. The provision of Section 607.0505, Florida Statuties.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.2  TITLE  D COLL, GUSTAVO E  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.2  13. TITLE  13. TITLE  13. TITLE  14. CITY ST. ZP  14. CITY ST. ZP  14. CITY ST. ZP  15. TITLE  15. TITLE  16. Change Addition  16. Change Addition  17. Addition  18. ADDITIONS/CHANGES CONT. 31.2  18. ADDITIONS/CHANGES CONT. 31.2  18. ADDITIONS/CHANGES CONT. 31.2  19. ADDITIONS/CHANGES CONT. 31.		9. Name and Address of Curren	nt Registered Age	ent			10	). Name and Ac	idress of New	Registered /	Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.  12. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes de by the 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 registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE DOUGL, GUSTAVO E DELETE 1.1 TITLE 1.2 NAME  1.2 NAME  1.007 S.W. LEJEUNE RD.  CORAL GABLES FL 33134  DELETE 2.1 TITLE 2.2 TITLE 2.1 TITLE 2.1 TITLE 2.3 TITLE 2.3 TITLE 2.3 TITLE 2.3 TITLE 3.2 NAME  3.2 STREET ADDRESS 2.2 ACITY-ST-2P 4.4 CITY-ST-2P 4.	001				81	Name						
THE D COLL, GUSTAVO E  SIRRET ADDRESS CON'ST-ZP  TITLE  OFFICE 133134  88 City  FL 85 Zip Code  89 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 Zip Code  85 Zip Code  85 Zip Code  85 Zip Code  86 Zip Code  86 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  89 Zip Code  80 Z	,				82	Street Add	dress (	P.O. Box Number	er is Not Accer	otable)		
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 registered agent, are 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 registered agent, to 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, to 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, and accept the obligations of, Section 607.0505, Floridas Statutes.  12.						Oliber Address () .O. Box Halliber to Not Note Page 1						
THE Presument to the provisions of Sections 607.0502 and 607.1509. 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 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profital name of repostered agent and site if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COLL, GUSTAVO E  1097 S.W. LEJEUNE RD.  13. TITLE  1097 S.W. LEJEUNE RD.  13. TITLE  1097 S.W. LEJEUNE RD.  13. TITLE  13. TITLE  13. TITLE  14. TITLE  14. TITLE  14. TITLE  15. TITLE					83							
THE Presument to the provisions of Sections 607.0502 and 607.1509. 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 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or profital name of repostered agent and site if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  COLL, GUSTAVO E  1097 S.W. LEJEUNE RD.  13. TITLE  1097 S.W. LEJEUNE RD.  13. TITLE  1097 S.W. LEJEUNE RD.  13. TITLE  13. TITLE  13. TITLE  14. TITLE  14. TITLE  14. TITLE  15. TITLE					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 director's. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change when required when remarking)  72. OFFICERS AND DIRECTORS IN 12  73. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR'S IN 12  74. TITLE  75. TITL						•		_		1 1		
SIGNATURE Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligations of, Section BV7.0505, Florida Statutes.  Signature familiar with, and accept the obligation of Section BV7.0505, Florida Statutes.  Signature familiar signature required when rematiting.  Addition Signature familiar si	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, F	lorida Statutes,	, the above	-named cor	rporatio	on submits this s	tatement for th	e purpose of	changing it	s registered
SIGNATURE   Signature, hybord or printed name of registered agent and till of spelloashe. (MOTE: Registered Agent signature required when remistating)	office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such di itions of, Section 6	nange was autr 607.0505, Florida	norized by a Statutes	tne corpora	ation's t	oard of directors	s. Thereby acc	ept the appoin	ıtırıçın as ı	sgistered
Signature, Speed or priend among or registered agent and title of anythicative.   RNOTE: Repostered Agent algebrate received when restatiling)   DATE   DA			•									,
TITLE	SIGIVATORE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Re	egistered Ager	t signature requi	uired wher					
NAME   COLL, GUSTAVO E   12 NAME   13 STREET ADDRESS   1097 S.W. LEJEUNE RD.   13 STREET ADDRESS   1097 S.W. LEJEUNE RD.   13 STREET ADDRESS   14 CITY-ST-ZIP	12.							ADDITIONS/CH	IANGES TO C	FFICERS AN		
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Addition   Corn.st.zip   Cor	NAME	•			•		بهسير	2.60	100	75100	. مدر	TO SECTION
TITLE	STREET ADDRESS				1.3 STREE	ADDRESS 5	5,80	27 500	1500	1 KKKIN		3
NAME	CITY-ST-ZIP	CORAL GABLES FL 33134				r-zip 🖊	//) /	AMI F	1 33	156		
STREET ADDRESS   2.3 STREET ADDRESS	TME		L	_] DELETE	1						∐ ∪nange	[_] Addition
CITY-ST-ZIP	NAME				2.2 NAME							1
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NAME	CITY-ST-ZIP				2. 4 CITY-5	T-ZIP						
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE		[	_] DELETE	3.1 TITLE						Change	L. Addition
STREET ADDRESS   STRE	NAME				3.2 NAME							
DELETE	STREET ADDRESS				3.3 STREE	ADDRESS						
NAME	CITY-ST-ZIP				3.4. CITY- S	T-ZIP						
### Addition #### Addition ####################################	TITLE		[	_) DELETE	4.1 TITLE						∐ Change	☐ Addition
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         STREET ADDRESS         G3 STREET ADDRESS         G1TY-ST-ZIP           CITY-ST-ZIP         6.4 CITY-ST-ZIP         G1TY-ST-ZIP         G1TY-ST-ZIP         G1TY-ST-ZIP	NAME				4. 2 NAME							
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NAME	CITY-ST-ZIP				4.4 CITY-S	Γ-ZIP						
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011-31-41	STREET ADDRESS				6.3 STREE	ADDRESS						
44. I have by partie, that the information appoint with this filing does not applify for the exemption stated in Section 110 07/3\(\)\(\)\(\)\(\) Florida Statutes   further certify that the information	CITY-ST-ZIP					<b>I</b>		· · · · · · · · · · · · · · · · · · ·				
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	14. I hereby o	certify that the information supplied w	ith this filing does	not qualify for th	he exempt	on stated in	n Section	on 119.07(3)(i), f	Florida Statute:	s, I further cer s if made unde	tify that the	intormation t l am an

an attachment with an address, with all other like empowered.

SIGNATURE: