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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000057480 (1)

ESPERANZA ARCE-MUNEZ, M.D., P.A.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 10011001 196 10110 01111 90111 00111 00111	IBIBI BINII IBBIL EIBBI IBINI ÜBNI (EÜL		
4980 WEST 10TH AVE. 4980 WEST 10TH AVE.			ı				
#206 #206					DO NOT WESTER IN THE OPLOT		
HIALEAH FL 33012 HIALEAH FL 33012					DO NOT WRITE IN THIS SPACE 3, Date Incorporated or Qualified		
					07/09/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26				65-0682987	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired	¢0.75 ****	
22 27				B. Certificate of Status Desired	Fee Required		
⊢ ⊸ ′	City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
Zip	Country Z ₍₁₎		1 0	t	Trust Fund Contribution L		
24	25	Z ₁ p	Cour	iiry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
<u> </u>	g. Name and Address of Cur	[29] rent Registered Agent	<u> 30 </u>		10. Name and Address of New Regist		
ΔΓ	RCE-NUNEZ, ESPERANZA	· » · · · · · · · · · · · · · · · · · ·		81 Name			
4980 WEST 10THA VENUE				32 Street Add	(B.O. B)		
#206			l'	Street Addi	ress (P.O. Box Number is Not Acceptable)		
	ALEAH FL 33012		T I	33			
			-	34 City		85 Zip Code	
			!			FL	
l office or r	to the provisions of Sections 607.0 registered agent, or both, in the St im familiar with, and accept the ob	ite of Florida. Such change was	: euthorized	by the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept th	ose of changing its registered e appointment as registered	
SIGNATURE		g					
BIGHATORE	Signature, typed or profed name of registered		11£ Registered	Agent signature requi	red when reinstating) C	DATE	
12.	T	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D ANIMEZ ADOC CODEDANZ	☐ DELETE	1.1 T(T)			Change Addition	
NAME	dan laway days also		1.2 NAM				
STREET ADDRESS	HIALEAH FL 33012	00		EET ADDRESS			
CITY-ST-ZIP TITLE	THALLAITTE GOOTE	☐ DELETE	2.1 TITE	r-ST-ZIP		Change Addition	
NAME			2.2 NAM	1			
STREET ADDRESS			1	EET ADDRESS			
CITY - ST - ZIP				Y-ST-ZIP		a	
TITLE		DELETE	31 TITL			☐ Change ☐ Addition	
NAME			3.2 NA	le l			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADORESS			4.3 STA	EET AODRESS			
CITY-ST-ZIP			4.4 CIT1	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITL	I		☐ Change ☐ Addition	
NAME STORES AGREES			5.2 NAM	I .			
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE		-ST-ZIP		Change	
NAME			6.1 TITL	I		Change Addition	
STREET ADDRESS			6.2 NAA	eet address			
CITY-ST-ZIP				'-ST-ZIP			
AILE - DE LEIL			■ 0.4 UH	-01-217			

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 supplier or the 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 precedence 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 a state of the precedence of the preceden

SIGNATURE: