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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0193087

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90070 037 ***150.00

DOCUMENT # P96000069006

1. Corporation Name

F. JAVIER RUIZ, M.D. & ASSOCIATES, P.A.

Principal Place of Business

3659 S MIAMI AVE
SUITE 4001
MIAMI FL 33133

Mailing Address

3659 S MIAMI AVE
SUITE 4001
MIAMI FL 33133

2. Principal Place of Business

21 3659 S. MIAMI AVE

22 Suite Apt. #, etc.

22 6004

23 City & State

23 MIAMI, FL

24 Zip

24 33133

25 Country

26 Mailing Address

26 6004

27 Suite, Apt. #, etc.

27

28 City & State

28

29 Zip

29

30 Country

30

9. Name and Address of Current Registered Agent

RUIZ, F. JAVIER M.D.

3659 S MIAMI AVE

SUITE 4001

MIAMI FL 33133

6004

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/12/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, F. JAVIER		1.2 NAME
STREET ADDRESS	3659 S MIAMI AVE SUITE 4001		1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4. CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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 attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 205-285-5432
Date Daytime Phone #

CR2E034 (11/98)