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PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

See retary of State
DIVISION OF CORPORATIONS

FILED

Apr 14 1997 8:00am

Secretary of State

DOCUMENT # P96000074396 (8)

TOMAS VILLANUEVA, D.O., P.A.

Principal Place of Business Mailing Address C/O KTG8S REGISTERED AGENT CORPORATION C/O KTORS REGISTERED AGENT CORPORATION 100 S.E. END ST., ESTH FLOOR 100-S.E. 2ND ST., 20TH FLOOR MIAMI-FL-33131 MIAMI: FL 23101-2100-3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1996 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees Ζip Zip Country Country this corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes XYes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET **B2** Street Add 28TH FLOOR 83 **MIAMI FL 33131** 84 City 11. Fursuant 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 egistered 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. Tomas Villanuar SIGNATURE required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TIBLE Change Addition 11 TOTLE NAMe 1.2 NAME CR2E034 STREET ADDRESS 1.3 STREET ADDRESS City-St 1.4 CITY-ST-ZIP DELETE Channe THUE Addition 2.1 TITLE MAVE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY - 51 - Z6 2. 4 CITY - ST - ZIP DELETE 100 3.1 TITLE Change Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY+ST ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Addition 101.14.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST-26 4.4 CITY - ST - ZIP 10.6 DELETE 5.1 TITLE Change Addition NAME 5.2 NAME SUBELL ADDRESS 5.3 STREET ADDRESS CITY - \$1 - ZP 5.4 CITY - ST- ZIP Title F DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STIFF ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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 eath; 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 of it changed, or on an attachment with an address.

Tomas Villanueva, Pros. 2/20/97