## 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 # P96000093651 (3)

JACQUELINE A. TEJEDA, M.D., P.A.

## FILED May 04 1998 8:00am Secretary of State

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| Principal Place of Business Mailing Address |   |                                    |                     |           |  | A 1921/001 MG 301/0 01/1/ 001/1 00/1/ 00/1/ 00/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/ 01/1/                        |             |  |
|---|---|------------------------------------|---------------------|-----------|--|--|-------------|--|
| 1375 SOUTH SEMORAN BLD 1375 SOUTH SEMORAN   |   |                                    | N BLD               |           |  |  |             |  |
| SUITE 1911<br>WINTER PARK FL 32792          |   | SUITE 1311<br>WINTER PARK FL 32782 |                     |           |  | DO NOT WRITE IN THIS SPACE   |             |  |
| TANGLES CAN                                 | 12 95/02  | WHITEIT FRANCIE GETS               | •                   |           |  | 3. Date Incorporated or Qualified  |             |  |
|   |   |                                    |                     |           |  | 11/14/1996   |             |  |
| 2. Principal P                              | face of Business  | 2a. Mailing Address                |                     |           |  | 4. FEI Number Applied  | For         |  |
| 21  |   | 26                                 |                     |           |  | <b>59-3410251</b> Not App  | plicable    |  |
| Sulte, Apt.                                 | #, etc.   | Suite, Apt. #, etc.                | Suite, Apt. #, etc. |           |  | 5. Certificate of Status Desired S8.75 Additi  | ional       |  |
| 22  | 27  |                                    |                     |           | 5. Certificate of Status Desired Fee Require | ∌db  |             |  |
| City & State                                | City & State  | y & State                          |                     |           | 6. Election Campaign Financing \$5.00 May    | Be   |             |  |
| 23  |   | 28                                 | 28                  |           |  | Trust Fund Contribution Added to Fe  | <b>8</b>    |  |
| Zip Country                                 |   | Zip                                | Zip Country         |           | 1  | 8. This corporation owes or has paid the current year Intangible   |             |  |
| 24  |   |                                    | 30                  |           |  | Personal Properly Tax due June 30. Yes No  |             |  |
| <del></del> -                               | 9. Name and Address of Curr   | ent Registered Agent               |                     |           |  | 10. Name and Address of New Registered Agent   |             |  |
| TEJ   | EDA, JACQUEUNE A  |                                    |                     | 81        | Name   |  |             |  |
| 137   | 5 SOUTH SEMORAN BLD   |                                    |                     | 82        | Street Addre                                 | ess (P.O. Box Number is Not Acceptable)  |             |  |
| SUF   | TE <b>1</b> 311   |                                    |                     |           |  |  |             |  |
| WIN   | ITER PARK FL 32792  |                                    |                     | 83        |  |  |             |  |
|   |   |                                    |                     | 84        | City   | <b>■■ 85</b> Zip Code  | <del></del> |  |
|   |   |                                    |                     |           | ,  | FL   ``  |             |  |
| office or ragent. I a                       | egistered agent, or both, in the Sta<br>m familiar with, and accept the ob-<br>signature, typed or printed name of registered | igations of, Section 607.0505, I   | Florida Sta         | tutes     | y the corporations.                          | oration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as regis | tered       |  |
| 12.   |   | ND DIRECTORS                       | 13.                 |           |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   | 12          |  |
| TITLE                                       | PSTD  | DELETE                             | 1.1 T               | ITLÉ      |  | Change   | Addition    |  |
| NAME  | TEJEDA, JACQUELINE A  |                                    | 1.2 N               | AME       |  |  | i           |  |
| STREET ADDRESS                              | 1375 SOUTH SEMORAN BL   | D, STE 1311                        | 1.3 S               | TREET     | ADDRESS                                      |  |             |  |
| CITY-ST-ZIP                                 | WINTER PARK FL 32792  | •                                  | 1.4 C               | ITY-S     | ST - ZIP                                     |  |             |  |
| TITLE                                       | • DELE  |                                    |                     | 2.1 TITLE |  | ☐ Change   | Addition    |  |
| NAME  |   |                                    | 2.2 NAME            |           |  |  |             |  |
| STREET ADDRESS                              |   |                                    | 2.3 S               | TREET     | ADDRESS                                      |  |             |  |
| CITY-ST-ZIP                                 |   |                                    | 2.40                | CITY-5    | ST-ZIP                                       |  |             |  |
| TITLE                                       |   | ☐ DELETE                           | ELETE 3.1 TITLE     |           |  | ☐ Change ☐   | Addition    |  |
| NAME  |   |                                    | 3.2 N               | AME       |  |  |             |  |
| STREET ADDRESS                              |   |                                    | 335                 | TREET     | ADDRESS                                      |  |             |  |
| CITY-ST-ZIP                                 |   |                                    | 3.4. 0              | HY-S      | ST - ZIP                                     |  |             |  |
| TITLE                                       |   | ☐ DELETE                           | 4.1 TITL            |           |  | ☐ Change ☐   | Addition    |  |
| NAME  |   |                                    | 4.21                | IAME      | \  |  |             |  |
| STREET ADDRESS                              |   |                                    | 4.3 S               | TREET     | ADDRESS                                      |  |             |  |
| CITY-ST-ZIP                                 |   |                                    | 4.4 C               | ITY - S   | ST-ZIP                                       |  |             |  |
| TITLE                                       |   | ☐ DELETE                           | ETE 5.1 TITU        |           |  | Change   | Addition    |  |
| NAME  |   |                                    | 5.2 N               | AME       | [  |  |             |  |
| STREET ADDRESS                              |   |                                    | 5.3 S               | TAEET     | ADDRESS                                      |  |             |  |
| CITY-ST-ZIP                                 |   |                                    | 5.4 C               | ITY-S     | ST - ZIP                                     |  | <del></del> |  |
| TITLE                                       |   | ☐ DELET <b>E</b>                   | 6.1 T               | TLE       |  | Change   | Addition    |  |
| NAME  |   |                                    | 6.2 N               | AME       |  |  |             |  |
| STREET ADDRESS                              |   |                                    | 6.3 S               | TREET     | ADDRESS                                      |  |             |  |

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 attactment with an address.