

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 13 AM 10:55

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102416 (0)

1. Corporation Name
MARIA O. LOPEZ, M.D., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
12989 SOUTHERN BLVD. SUITE 103 LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified **12/12/1996** 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10111 Forest Hill Blvd	26 222 Island Shores Dr	65-0723106	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite 261	27 W PB, FL	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 WFB	28 W PB, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 33414	29 33413	8. This corporation owes or has paid the current year's Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**JAYNES, DAVID A
222 PICCADILLY STREET
SUITE 100
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	LOPEZ, MARIA O	
STREET ADDRESS	12989 SOUTHERN BLVD. STE 103	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAWORSKI, SALLI	
STREET ADDRESS	12989 SOUTHERN BLVD. STE 103	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	300002268983-7
4.3 STREET ADDRESS	-08/15/97--01114--016
4.4 CITY-ST-ZIP	****165.00 ****165.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	8-15-97
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 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.

CR2E034 (4/97)

*Maria O. Lopez M.D.
222 Island Shores Drive
West Palm Beach, Fl 33413*

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July 22, 1997

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

This comes to notify you the First Notice of 1997 Profit Corporation Annual Report was never received. I have only received your second notice as of July 1997.

My Corporation was qualified December 12, 1996. Hereby I am sending a check for \$165.00 which per my accountants information is the fee for First Notice. Again I had not received your First Notice.

If you have any further question please do not hesitate to contact me.

Sincerely,



Maria O. Lopez, M.D., PA

MOL:bjt