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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000102416

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

Principal Place of Business: 10111 FOREST HILL BLVD, SUITE 261, WEST PALM BEACH FL 33414
Mailing Address: 222 ISLAND SHORES DR, WEST PALM BEACH FL 33413



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1996
4. FEI Number: 65-0723106
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City, State, Zip, and Country.

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 (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows for PTSD LOPEZ, MARIA O and V JAWORSKI, SALLI with fields for Title, Name, Street Address, City, State, Zip, and checkboxes for Change/Addition/Delete.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: 1/29/99 Daytime Phone #: _____

CR2E034 (1/1/98)