SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name P97000016745 (6) DOMINGO GOMEZ, MD.P.A.

FILED Jul 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
7100 W. 20TH AVE., STE. 505 HIALEAH FL 33016				7100 W. 20TH AVE., STE. 505 HIALEAH FL 33016				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								02/21/1997
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				59-183/684 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22				27				Fee Required
City & State			ļ	City & State				6. Election Campaign Financing \$5.00 May Be
23			28	-\!				Trust Fund Contribution
Zip	Zip			Zip Cou				8. This corporation owes or has paid the current year Intangible
24			29]		30]			Personal Property Tax due June 30. Yes No
		and Address of Cur	rent Regis	stered Agent		81 Name		10. Name and Address of New Registered Agent
	ież, domin				oi Name		INDITIO	
7100 W. 20TH AVE., STE. 505						82	32 Street Address (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016								
						83		
							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								
					TE: Registe	red A	gent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.						n E		Change Addition
	D Go mez, Domingo			DELETE 1.1T				Cuange L Adollon
NAME	EAR LANDSHALES						ADDRESS	
STREET ADORESS	MIAMI BEACH FL 33140			1.3 Si				
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33140			Deceme	DELETE 2.1 TIT		*Z1F	Change Addition
NAME				[] UELE1E	2.2 N			C. Crizingo C. Accinion
	90						ADDRESS	
STREET ADORESS					2.4 CITY-			
CITY-ST-ZIP				DELETE	3.1 TI		-211	Change Addition
NAME					3.2 N			CT Anguige CT Addition
STREET ADDRESS					3.3 STREET AD		ADDRESS	
• • • • • • • • • • • • • • • • • • • •					3.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE				DELETE	4111			Change Addition
NAME	:			C) DELETE	4.2 N			C Onlarge C Addition
STREET ADDRESS							ADDRESS	
					4.4 CI			
CITY-ST-ZIP TITLE	-		-	DELETE	5.1 11		-	Change Addition
NAME				[_] DECE 18	5.2 N/			E.J Onengo E Mondon
STREET ADDRESS							ADDRESS	
					5.4 CI			
CITY-ST-ZIP TITLE				DELETE	6.1 TI		-E-(I	Change Addition
				CTI DECEME	6.2 N/			CI Olbinge CT Vaguini
NAME							ANNDESC	
STREET ADDRESS				6.3 STREET 6.4 CITY-ST				
CITY-ST-ZIP		Information assembled	uith this file	no doco not qualify for t				potion 149 07(3)/i) Florida Statutes I further certify that the information

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(I). Florida Statutes. I furner 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 atjachment with an address.

305-567-7188