

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 BEING 7%: \$750).

APPROVED
AND
FILED

98 OCT 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000019482 (3)

1. Corporation Name

Vincent N. Jarvis, M.D., P.A.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/3/97

2. Principal Place of Business	2a. Mailing Address
21 1680 Michigan Avenue	26 1680 Michigan Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 820	27 Suite 820
City & State	City & State
23 Miami Beach, Florida	28 Miami Beach, Florida
Zip	Zip
24 33139	29 33139
Country	Country
25 U.S.A.	30 U.S.A.

4. FEI Number

65-0733719

Applied For

Not Applicable

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Jarvis, Vincent N.
1680 Meridan Avenue, Suite 402
Miami Beach, Florida 33139

10. Name and Address of New Registered Agent

81 Name
Vincent N. Jarvis, M.D., P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
1680 Michigan Avenue
83 Suite 820
84 City
Miami Beach
85 Zip Code
FL 33139

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jarvis, Vincent N.	1.2 NAME	Jarvis, Vincent N.
STREET ADDRESS	1680 Meridan Avenue, Suite	1.3 STREET ADDRESS	1680 Michigan Avenue, Suite 820
CITY-ST-ZIP	Miami Beach, FL 33139 402	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	800002674058 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	-10/28/98--01083--013
STREET ADDRESS		2.3 STREET ADDRESS	****558.75 ****558.75
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/98 305-673-8833
Date Daytime Phone #

CP2E034 (5/98)