

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025664 (8)

1. Corporation Name

JOSE ANTONIO PRIETO, M.D., P.A.

Principal Place of Business

4331 N FEDERAL HWY  
SUITE 205  
FT LAUDERDALE FL 33308

Mailing Address

4331 N FEDERAL HWY  
SUITE 205  
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

65-0738577

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

2. Principal Place of Business

21 4331 N. Federal Hwy

Suite, Apt. #, etc.

22 Suite 205

City & State

23 Fort Lauderdale, FL

Zip

24 33308

Country

25 USA

2a. Mailing Address

26 4331 N. Federal Hwy

Suite, Apt. #, etc.

27 Suite 205

City & State

28 Fort Lauderdale, FL

Zip

29 33308

Country

30 USA

9. Name and Address of Current Registered Agent

PRIETO, JOSE A M.D.  
4331 N FEDERAL HWY  
SUITE 205  
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

PRIETO, JOSE A. M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

4331 North Federal Highway

83

Suite 205

84 City

Fort Lauderdale

FL

85 Zip Code

33308

11. Pursuant to the provisions of Sections 607.0505 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)

2/2/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME PRIETO, JOSE A M.D.  
STREET ADDRESS 4331 N FEDERAL HWY Suite 205  
CITY-ST-ZIP FT LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D  
NAME PRIETO, JOSE A. M.D.  
1.2 NAME  
1.3 STREET ADDRESS 4331 North Federal Hwy Suite 205  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

2-2-98 (954)202-6322

CR2E034 (1097)