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

**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**FILED**
**Mar 10, 1999 8:00 am**
**Secretary of State**
03-10-1999 90222 046 ***150.00

0127627

**DOCUMENT #** P97000029086

1. Corporation Name

LEONARDO VICTORES, M.D., P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 285 WEST 49 STREET | 285 WEST 49 STREET |
| HIALEAH FL 33012 | HIALEAH FL 33012 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed | |
| 21 | 26 | 03/28/1997 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 65-0741537 | Not Applicable |
| City & State | City & State | 5. Certifcate of Status Desired ☐ | $8.75 Additional Fee Required |
| 23 | 28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. ☑Yes ☐No |

| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
|---|---|---|
| VICTORES, DANIA 285 WEST 49 STREET HIALEAH FL 33012 | 81 Name | |
| | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | 83 | |
| | 84 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 _____

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 **PD** | ☐ DELETE | 1.1 TITLE | ☐ Change | ☐ Addition |
| NAME **VICTORES, LEONARDO M.D.** | | 1.2 NAME | | |
| STREET ADDRESS **285 WEST 49 STREET** | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP **HIALEAH FL 33012** | | 1.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change | ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

CR2E034 (11/98)

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: X _Leonardo Victores_     3/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #

LEONARDO VICTORES - PRESIDENT