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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000044169 (5)

RICHARD DOUYON, M.D., P.A.

Principal Place of Business Mailing Address						IST SEATS BATTLE SAIST SAULT	AITA GABAI BIABA IIBIA DIII	
777 17TH STREET SUITE 301 MIAMI BEACH FL 33139		777 17TH STREET SUITE 301 MIAMI BEACH FL 33139			DO NOT WRITE IN	THIS SPACE		
<u></u>					3. Date Incorpora 05/19/1997	_		
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			<u> </u>	Ap	plied For
21	_	26	26			54724	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			tatus Desired	\$8.75	
22		27				tatus Desired E	Fee Re	quired
City & Stat	·					aign Financing	<b>\$5.00</b>	
<b>23</b> Zip			Country	·-··	Trust Fund Co		Added t	
24	<u>├</u>	25 29 30				on owes or has paid t erty Tax due June 30		angible ] No
571	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
DO	OUYON, RICHARD MD		81	Name				
777 17TH STREET				Street	tress (P.O. Box Number is Not Acceptable)			
SUITE 301			82	00,001	JOICOS (1.10. BOX (40) NOC	i ia ivoi Acceptable)		
MIAMI BEACH FL 33139			83					
			84	City	<del></del>		85 Zip (	Code
							FL	
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							D. T. C.	
Signature, typed or priviled national registered agent and title diapplicative. (NOTE B 12. OF FICERS AND DIRECTORS			13.	nt signatur	quired when reinstating)	ANGES TO OFFICER	DATE S AND DIRECTOR	S IN 12
TITLE			1.1 TITLE				Change	Addition
NAME			1.2 NAME		SOUVON, RI	CHARD	V	
STREET ADDRESS 3475 NE 191 ST STREET, #4			13 STREET	ADDRESS	777 1761	REST # 3	301	
CITY-ST-ZIP	-ST-ZIP AVENTURA FL 33180			T-ZIP	MIAMI BE	ACH FL	33180	
TITLE	DELETE		2.1 TITLE		<u>-</u>		☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP		Deceme	2. 4 CITY - ST - ZIP 3.1 TITLE				Chann	1 1 delete -
TITLE	☐ DELETÉ						☐ Change	Addition
NAME STREET ADDRESS	ADDRESS			ADDRESS				
CITY+ST-ZIP	i			T-ZIP				
TITLE	DELETE			11-211		,	Change	Addition
NAME			4. 2 NAME				-	
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T-ZIP				
TITLE	DELETE						Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		Driere	5.4 CITY-S	I - ZIP				Laure
TITLE		☐ DELETE	61 TATLE				☐ Change	☐ Addition
NAME PIRET ADDOCCO			6.2 NAME 6.3 STREET	ADDOCCO				
STREET ADDRESS			6.4 CITY - S					
CITY-ST-ZIP	Learning that the information supplied w	ith this filing does not qualify for	the exemp	tion stat	in Section 119.07(3)(i).	lorida Statutes. I fur	ther 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.								