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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000045246 (0)

RODOLFO E. ALDIR, M.D., P.A.

Principal Place of Business	Malling Address	
8149 BELSHIRE DR. ORLANDO FL 32835	8143 BELSHIRE DR. ORLANDO FL 32835	DC
		3. Date Incorporated 05/21/1997
Principal Place of Business 1	2a. Mailing Address 26	4. FEI Number
Suite, Apt. W, etc.	Suite, Apt. #, etc.	5. Certificate of Status
Olh . P. Canha	Cit. 9 Clata]

FILED Feb 03 1998 8:00am Secretary of State

NOT WRITE IN THIS SPACE or Qualified Applied For Not Applicable \$8.75 Additional s Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name BOGNER, JAMES B 225 E. ROBINSON ST., STE. 600 82 ORLANDO FL 32801 83 is 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the Total office or registered ager agent. I am familiar د BODOLFO E. A-DIB SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ALDIR, RODOLFO E NAME 1.2 NAME 8143 BELSHIRE DR. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **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 of the coerciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in