**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700060236

1. Corporation Name

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90206 015 \*\*\*150.00

ROLAND	O ROZAS, M.D., P.A.						
Principal Place	e of Business	Mailing Address				<b>40</b> 11 <b>0 0</b> 1111 <b>00</b> 11 <b>0</b> 11 <b>0</b> 01	A lista atts saat
11880 SW 40TH STREET SUITE 202 11880 SW 40TH STREET SU							
MIAMI FL 33175 MIAMI FL 33175			JITE 200				
					DO NOT WRITE IN	THIS SPACE	_ <del></del>
					3. Date Incorporated or Qualifed		1
					07/10/1997		_ <del></del>
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<del> </del>	oplied For
21		26			65-0768154	<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional equired
22		27					<del>'</del>
City & State		City & State		6. Election Campaign Financing		May Be	
23 28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current ye	ar Intangible X Yes	□No
24	25		30		Personal Property Tax.  10. Name and Address of New Registr		L.140
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registr	STOR ABOUT	
<b>P</b> ∩7	AS DOLANDO		"	Haillo			_
ROZAS, ROLANDO 11880 SW 40TH STREET SUITE 202		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)			
			83				
MAN	VII FL 33175		83				
	$\wedge \wedge$		84	City		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	ı e-named co	rporation submits this statement for the purposition's board of directors. I hereby accept the a	se of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was au	thorized by	the corpora	ation's board of directors. I hereby accept the a	ippointment as re	gistered
agent. I ai	m familiar with, and accept the soligation	ons of, Section 607.0303, Flori	ua Statutes	•	77	$A \cap I$	(A)
	/ / / / / / /	~/!			<i>∠</i>	~ ( ( ( )	~/ /
SIGNATURE	Signature, writed or printed partie of solistened agent	and title if applicable. (NOTE:	Registered Ager	nt signature requ	uired when reinstating) DA		<i>71.</i>
	Signature, fried or printed name of spistered age of OFFICERS AND		Registered Ager	nt signature requ	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICER		
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12.	OFFICERS AND	DIRECTORS	13.	nt signature requ		S AND DIRECTO	
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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 the 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 trystee 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:

Daytime Phone #