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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90150 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000069788

1. Corporation Name
RAFAEL ANTUN, M.D., P.A.

Principal Place of Business 1321 N.W. 14TH STREET SUITE 303. CEDARS MEDICAL CENTER WEST BLVD MIAMI FL 33125	Mailing Address 1321 N.W. 14TH STREET SUITE 303. CEDARS MEDICAL CENTER WEST BLVD MIAMI FL 33125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1321 NW 14th ST. Suite, Apt. #, etc. 22 SUITE 303 City & State 23 MIAMI FL. Zip 24 33125 Country 25 USA	2a. Mailing Address 26 1321 NW 14th ST Suite, Apt. #, etc. 27 SUITE 303 City & State 28 MIAMI FL. Zip 29 33125 Country 30 USA
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3. Date Incorporated or Qualified 08/12/1997	4. FEI Number 65-0773432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

A Z REGISTERED AGENT CORPORATION
2601 BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANTUN, RAFAEL M.D.	
STREET ADDRESS	9355 S.W. 93RD PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D RAFAEL ANTUN, M.D.	
1.3 STREET ADDRESS	9355 SW 93 PL	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SPT MAYDA C. ANTUN, M.D.	
2.3 STREET ADDRESS	9355 SW 93 PL	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: MAYDA C. ANTUN MO 1/15/99 (305) 774-2528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)