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

DOCUMENT # P97000080673

SIMONS & GALLO, M.D., P.A.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90042 020 ***150.00



Principal Place of Business	f Business Mailing Address				ABIE: I Birl darra attit ianna rest inne
16800 NW 2ND AVENUE SUITE 607 16800 NW 2ND AVENUE SU			•	i	•
MIAMI FL 33179 MIAMI FL 33179				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				09/17/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0783886	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	27				
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28 Zip	Co	untry	8. This corporation owes the current ye	
Zip 33169 Country	^{Zip} 33169	30	arta y	Personal Property Tax.	Yes No
9. Name and Address of Curr		1901	T*	10. Name and Address of New Regist	ered Agent
g, name and vacation	34 S. C.		81 Name		
SIMONS, ROBERT L MD			82 Street	Address (P.O. Box Number is Not Acceptable)	
16800 NW 2ND AVENUE SUITE 6	07			The second secon	
. MIAMI FL 33179			83		
			84 City	F # 200 1 # 200 4 4 20	FL 85 Zip Code 33 169
			1 1 '	corporation submits this statement for the purpo	
agent. I am familiar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607.0505, Fl	orida Sta	tutes.	oralis board of directors. Thereby desept and	
Signature, typed or printed name of registered	agent and title if applicable. (NOT AND DIRECTORS			ADDITIONS/CHANGES TO OFFICER	
12.	DELETE	113	TITLE	05-97525-25	Change Addition
TITLE D		1	NAME.	1/2 (\$1/0) (6/0)	
NAME SIMONS, ROBERT L MD STREET ADDRESS 16800 NW 2ND AVENUE SU	IITE 607		STREET ADDRESS	•	
10110 51 00170	JIIE 007		CITY-ST-ZIP	· ·	
TITLE D MIAMI FL 33179	☐ DELETE	_	MILE		☐ Change ☐ Addition
NAME GALLO, JULIO MD		2.21	VAME	1	
STREET ADDRESS 16800 NW 2ND AVENUE SU	JITF 607	2.3	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP MIAMI FL 33179	J., L. 447			· [
TITLE	and the state of t	2.4	CITY-ST-ZIP		
NAME OF CHARGE ASSOCIATION OF THE PROPERTY OF	DELETE				☐ Change ☐ Addition
OTOFFT ADODECC	/ DELETE	3.1	CITY-ST-ZIP		☐ Change ☐ Addition
	/ DELETE	3.1 ³	CITY-ST-ZIP		□ Change □ Addition
CITY-ST-ZIP	/ DELETE	3.1 ³ 3.2 (3.3)	CITY-ST-ZIP TITLE NAME		2010 實際關連聲
CITY-ST-ZIP TITLE	/ DELETE	3.1° 3.21 3.3 3.4.	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition Change ☐ Addition
CITY-ST-ZIP TITLE NAME	CQ 18 FE A. A. A. T. □ DELETE	3.1 ¹ 3.21 3.3 3.4 4.1 ¹	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		2010 實際關連聲
CITY-ST-ZIP TITLE	CQ 18 FE A. A. A. T. □ DELETE	3.1 3.2 3.3 3.4 4.1 4.2	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (2010 實際關連聲
CITY-ST-ZIP TITLE NAME NAME	DELETE	3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (Chánge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CQ 18 FE A. A. A. T. □ DELETE	3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (2010 實際關連聲
CITY- \$1-ZIP TITLE NAME STREET ADDRESS CITY- \$1-ZIP	DELETE	3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1. 2-0 (1.00) (1.00) (1.00)	Chánge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE	3.1 3.2 3.3 3.4 4.1 4.2 4.3 4.4 5.1 5.2 5.3	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chánge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	3.11 3.21 3.3.3 3.4. 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	1. 2-0 (1.00) (1.00) (1.00)	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	3.11 3.21 3.33 3.4. 4.11 4.22 4.33 4.44 5.11 5.22 5.33 5.44	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	3.11 3.21 3.33 3.4. 4.1 4.2 4.3 4.4 5.1 5.2 5.3 5.4 6.1	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 suppliemental 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.

6.4 CITY-ST-ZIP

305)6519903