

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

001778

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

02-24-1999 90086 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000005489**

1. Corporation Name  
**BARROS FAMILY HEALTH CARE, P.A.**

Principal Place of Business 827 SOUTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32086	Mailing Address 827 SOUTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32086
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1690 USI South</b>	2a. Mailing Address 26 <b>1690 USI South</b>	3. Date Incorporated or Qualified <b>01/20/1998</b>	4. FEI Number <b>59-3488583</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22 <b>C</b>	Suite, Apt. #, etc. 27 <b>C</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>St. Augustine, FL.</b>	City & State 28 <b>St. Augustine, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>32086</b>	Country 25	Zip 29 <b>32086</b>	Country 30	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

**TRAYNOR, JOHN M**  
**28 CORDOVA STREET**  
**ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARROS, MELCHOR G M.D.</b>	
STREET ADDRESS	<b>827 SOUTH PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	
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	<b>PSTD G.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MELCHOR BARROS M.D.</b>	
1.3 STREET ADDRESS	<b>1690 USI SO, Suite C</b>	
1.4 CITY-ST-ZIP	<b>St. Augustine, FL. 32086</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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: *Melchor Barros* **M.D.** Date: **1/18/99** Daytime Phone #: **824-7076**

CRZE034 (11/98)