

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90014 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000012354 ✓
 1. Corporation Name
 EDUARDO G. BARROSO, M.D., P.A.



Principal Place of Business Mailing Address
 400 Arthur Godfrey Rd. Suite 305
 Miami Beach, FL 33140 Miami Beach, FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 400 Arthur Godfrey Rd. Suite, Apt. #, etc. 26 400 Arthur Godfrey Rd. Suite, Apt. #, etc.
 22 Suite 305 27 Suite 305
 City & State City & State
 23 Miami Beach, FL 33140 28 Miami Beach, FL 33140
 Zip Country Zip Country
 24 33140 25 USA 29 33140 30 USA

3. Date Incorporated or Qualified
 02/06/1998
 4. FEI Number Applied For
 65-0816976 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 MARRERO, JULIO C.
 2903 SALZEDO STREET
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name EDUARDO BARROSO
 82 Street Address (P.O. Box Number is Not Acceptable) 2942 BIRD AVE
 83 MIAMI FL 33133
 84 City MIAMI 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 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 4/26/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PYST <input type="checkbox"/> DELETE
NAME	EDUARDO BARROSO
STREET ADDRESS	400 Arthur Godfrey Rd. #305
CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input type="checkbox"/> DELETE
NAME	EDUARDO BARROSO
STREET ADDRESS	400 Arthur Godfrey Rd. #305
CITY-ST-ZIP	Miami Beach, FL 33140
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 and have been duly 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: _____ DATE 4/26/99 (305) 674-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR