

FILE NOW. FILING FEE AFTER MARCH 1ST IS \$600.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90037 036 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000025028

1. Corporation Name
ARMANDO A. DE FERIA, M.D., P.A.



Principal Place of Business 1005 NW 107 AVE PEMBROKE PINES FL 33026	Mailing Address 1005 NW 107 AVE PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13087 MAJESTIC WAY Suite, Apt. #, etc. 22		2a. Mailing Address 26 13087 MAJESTIC WAY Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/08/1998	
23 Cooper City, FL City & State Zip 33330 Country		28 Cooper City, FL City & State Zip 33330 Country		4. FEI Number 65-0819159 Applied For Not Applicable	
24 33330		29 33330		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	
				7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DE FERIA, BARBARA 1005 NW 107 AVE PEMBROKE PINES FL 33026				10. Name and Address of New Registered Agent			
81 Name Barbara Deferia		82 Street Address (P.O. Box Number is Not Acceptable) 13087 MAJESTIC WAY		83		84 City Cooper City, FL	
				85 Zip Code 33330		FL	

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 607.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. REGISTERED OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE NAME BARBARA P. DEFERIA STREET ADDRESS 13087 MAJESTIC WAY CITY-ST-ZIP COOPER CITY, FL 33330				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME Registered Agent STREET ADDRESS Barbara P. DeFeria CITY-ST-ZIP 13087 majestic way COOPER CITY, FL 33330				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: Barbara P. DeFeria 3/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (1/198)