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Secretary of State

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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 # P98000029970

1. Corporation Name

SALAZAR, SANTIAGO & VILLEGAS, P.A.

Principal Place of Business

8396 SW 8 STREET
MIAMI FL 33144

Mailing Address

8396 SW 8 STREET
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

65-0824084

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Election Campaign Financing

☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

2. Principal Place of Business

21 5000 University Dr

2a. Mailing Address

26 5000 University Dr

Suite, Apt. #, etc.

22 3rd Floor

Suite, Apt. #, etc.

27 3rd Floor

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

Zip

24 33146

Country

25 DAOE

Zip

29 33146

Country

30 DAOE

9. Name and Address of Current Registered Agent

COBER CORPORATE AGENTS INC
2601 SO BAYSHORE DRIVE 19FL
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME D
STREET ADDRESS SALAZAR, JUAN
CITY-ST-ZIP 8396 SW 8 ST
MIAMI FL 33144TITLE ☐ DELETENAME D
STREET ADDRESS SANTIAGO, CARLOS
CITY-ST-ZIP 8396 SW 8 ST
MIAMI FL 33144TITLE ☐ DELETENAME D
STREET ADDRESS VILLEGAS, SERGIO
CITY-ST-ZIP 8396 SW 8 ST
MIAMI FL 33144TITLE ☒ DELETENAME D
STREET ADDRESS WILTZ, OTHON
CITY-ST-ZIP 8396 SW 8 ST
MIAMI FL 33144TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME 5000 University Drive
1.3 STREET ADDRESS Coral Gables, FL 33146
1.4 CITY-ST-ZIP2.1 TITLE ☒ Change ☐ Addition2.2 NAME 5000 University Drive
2.3 STREET ADDRESS Coral Gables, FL 33146
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition3.2 NAME 5000 University Drive
3.3 STREET ADDRESS Coral Gables, FL 33146
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 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 19.07(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: JUAN SALAZAR, MD (president)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)