SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 05, 1999 8:00 am
Secretary of State
08-05-1999 90003 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000031853

1. Corporation Name
FRANCISCO AGUILO-SEARA, M.D., P.A.

Principal Place of Business	Mailing Address
23 COUNTRY CLUB ROAD COCOA BEACH FL 32931	23 COUNTRY CLUB ROAD COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. *Date Incorporated or Qualified*: 04/07/1998

2. Principal Place of Business	2a. Mailing Address
21 1395 N. Courtenay Pkwy.	26
Suite, Apt. #, etc. 22 Suite 107	Suite, Apt. #, etc. 27
City & State 23 Merritt Island, FL	City & State 28
Zip / Country 24 32953 / 25 Brevard	Zip / Country 29 / 30

4. FEI Number: 59-3501059 ☐ Applied For ☐ 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. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOSTRO, VICTOR S 1825 RIVERVIEW DRIVE MELBOURNE FL 32901	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AGUILO-SEARA, FRANCISCO MD		1.2 NAME	
STREET ADDRESS	23 COUNTRY CLUB ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/99)

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.

SIGNATURE: Francisco Aguilo-Seara SIGNATURE REQUIRED Francisco Aguilo-Seara 7/12/99 (407) 452-5563
SIGNATURE AND TITLE OF CHAIRMAN, CEO OR PRESIDENT Date Daytime Phone #

FRANCISCO AGUILO-SEARA, M.D.
BOARD CERTIFIED IN GASTROENTEROLOGY
1395 N. Courtenay Pkwy., Suite #107
Merritt Island, Florida 32953
Tel. (407) 452-5563 • Fax (407) 452-6833

July 13,1999

Dear Dept. of State,

Because 1998 was the first year Francisco Aguilo-Seara, M.D., P.A. has been a corporation, I was not aware that a Corporation Annual Report needed to be filed. I also did not receive the first annual report filing packet. As a result I called your assistance phone number and requested that the late fee be waived. I was instructed to enclose this letter with a check for $150.00 and mail it to this address. I trust this will meet my responsibilities of filing the 1999 Profit Corporation Annual Report for Francisco Aguilo-Seara M.D.,P.A. Thank you for your assistance.

Sincerely,

F Aguilo Seara

Francisco Aguilo-Seara, M.D.