


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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90218 021 \*\*\*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 # **P98000036163**

1. Corporation Name.

**FAMILY MEDICAL PLAZA IV, INC.**

Principal Place of Business

Mailing Address

% BRUCE JAY TOLAND, P.A.  
801 BRICKELL AVE., STE. 1501  
MIAMI FL 33131

% BRUCE JAY TOLAND, P.A.  
801 BRICKELL AVE., STE. 1501  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/20/1998**

4. FEI Number

☒ 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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOLAND, BRUCE J ESQ  
% BRUCE JAY TOLAND, P.A.  
801 BRICKELL AVE., STE. 1501  
MIAMI FL 33131

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	<del>DVP</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>GIL, WALTER</del>
STREET ADDRESS	% BRUCE JAY TOLAND, P.A. 801 BRICKELL AVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<del>GT</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>GIL, RAINIER</del>
STREET ADDRESS	% BRUCE JAY TOLAND, P.A. 801 BRICKELL AVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	DS <input type="checkbox"/> DELETE
NAME	CRUZ, ROBERT
STREET ADDRESS	% BRUCE JAY TOLAND, P.A. 801 BRICKELL AVE
CITY-ST-ZIP	MIAMI FL 33131
TITLE	DP <input type="checkbox"/> DELETE
NAME	RECHIN, BLAIR
STREET ADDRESS	% BRUCE JAY TOLAND, P.A. 801 BRICKELL AVE
CITY-ST-ZIP	MIAMI FL 33131
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 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:

Signature and typed or printed name of signing officer or director

4/29/99

(305) 235-4069

Date

Daytime Phone #

CR2E034 (11/98)

0187462