PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90031 044 ***155.00

DOCUMENT	# pg	ഭവവവദ	9199

DINA MA	ARIE NAVARRO, D.O., P.A. De of Business PARK CRIVE		PARK DRIVE 2570			DO NOT WRIT 3. Date incorporated or Qualifed 04/28/1998 4. FEI Number	TE IN THIS SPA	CE	Nied For]
21		26	·			A-3515155		Not	Applicable	1
Suite, Apt.	. #, etc.	Suite, Ap	к. #, etc. 			5. Certificate of Status Desired		8.75 A Fee Rec		
City & Stat	te	City & SI	ate			Election Campaign Financing Trust Fund Contribution		55.00 Added to		
Zip	Country	Zip 29	30	Country		8. This corporation owes the cum Personal Property Tax.			<u>4</u> 16	.]
24	9. Name and Address of Curre			L		10. Name and Address of New R				j
113	ARRO, DINA MARIE DOCTOR PARK DRIVE TON FL 32570	mt negisteres ag		81 82 83	Name Street Addre	ess (P.O. Box Number is Not Accepta				
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such c lations of, Section 6	hange was autho 07.0505, Florida	Statutes	City -named corporation - the corporation - teignature required		DATE	ging its regi	egistered stered	æ
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND DI	RECTOR		/
TITLE NAME STREET ADDRESS	President Ana Navarro, Do 113 Doctors Park Milton, PL 325	prive	i	1.1 TITLE 12 NAME 13 STREET 1.4 CITY-ST	1		00	Change	Addition	R2E034 (11/98)
CITY-ST-ZIP	THE JES		DELETE	21 TITLE				Change	Addition	ו כֿי
NAME STREET ADDRESS CITY-ST-ZP		L	į	2.2 NAME 2.3 STREET 2.4 CITY-S	i		<u>.</u>	J. Langu		
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CITY-ST-ZIP	}			4.4 OTY-ST	.710					1
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CITY-ST-ZIP				54 CITY-ST	-217					ı
NAME STREET ADORESS			1	6.1 TITLE 6.2 NAME 6.3 STREET	ADDRESS			Change	☐ Addition	

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 suppliemental 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 the attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

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STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

1-5-98