

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90076 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000054189**

1. Corporation Name
HECTOR N. HERNANDEZ, M.D., P.A.



Principal Place of Business: POST OFFICE BOX 512284, PUNTA GORDA FL 33951-2284
 Mailing Address: POST OFFICE BOX 512284, PUNTA GORDA FL 33951-2284

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/16/1998**
 4. FEI Number: **65-0845053** 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: **21 PO Box 510429**
 Suite, Apt. #, etc.: **22**
 City & State: **23 Punta Gorda, FL**
 Zip: **24 33951-0429** Country: **25**
 2a. Mailing Address: **26 PO Box 510429**
 Suite, Apt. #, etc.: **27**
 City & State: **28 Punta Gorda, FL**
 Zip: **29 33951-0429** Country: **30**

9. Name and Address of Current Registered Agent
FMR CORP.
C/O FORMOSO-MURIAS, P.A.
1101 BRICKELL AVENUE - PENTHOUSE SUITE
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 One Unity Square
401 S.W. 27th Avenue - Second Floor
84 City **85** **Zip Code**
Miami, FL 33135

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---------------------------------------|--|---|---|
| TITLE <input type="checkbox"/> DELETE | | 1.1 TITLE | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 1.2 NAME | Hector N. Hernandez, M.D. |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 21297 Olean Boulevard |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | Port Charlotte, FL 33952 |
| TITLE <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: **Hector N. Hernandez, M.D., President** *[Signature]* Date: **4/22/99** Daytime Phone #: **941-764-0660**

CR2E034 (11/98)