Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90117 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000069862

1. Corporation Name

JUAN C.	CUETO, M.D., P.A.						
					_{		
Principal Place of Business Mailing Address					1		
1990 S.W. 27TH AVENUE 1990 S.W. 27TH AVENUE THIRD FLOOR THIRD FLOOR MIAMI FL 33145 MIAMI FL 33145				DO NOT WRITE IN THIS SPACE		SPACE	
MINNI PE 33143					3. Date Incorporated or Qualifed		
					08/11/1998		
21		2a. Mailing Address 26			4. FEI Number 0856031		lied For Applicable
Suite, Apt. #, etc FLOOR		Suite, Apt. #, etc. FLOOR		5. Certificate of Status Desired	\$8.75 Ac		
City & State		City & State		6. Election Campaign Financing	\$5.00 N		
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In		-731-
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
CHE	TO LODGE L ESO		61	Name			
CUETO, JORGE L ESQ.			82	Street Addr	Address (P.O. Box Number is Not Acceptable)		
1990 S.W. 27TH AVENUE THIRD FLOOR		83		·			
	MI FL 33145		03				
INDUM	WI I E 20140	•	84	City	FI	85 Zip C	ode
				L.,		-	ogistored
office or re	to the provisions of Sections 607.050: egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such chande was au	itnorized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	intment as reg	istered
agent. i ai	in latimar way and dooopt are obliga-	tions of, dection our love, i for	idd Oldidioo				1
SIGNATURE		•				-	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agen		d when reinstating) DATE ADDITIONS (CHANGES TO DESICEES A	ND DIRECTOR	2S IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title of applicable. (NOTE:	Registered Agen		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agen 13. 1.1 TITLE			ND DIRECTOR	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #