

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90141 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P98000071168
 1. Corporation Name

WESTON MEDICAL OFFICE PARK, INC.

Principal Place of Business 2573 MAYFAIR LANE WESTON, FL 33327	Mailing Address 2573 MAYFAIR LANE WESTON, FL 33327
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8-14-98

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0870029	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

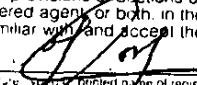
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVARO E. CORREA
 2573 MAYFAIR LANE
 WESTON, FL 33327**

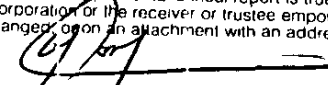
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 agent 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:  **AGENT** **4/20/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/VP/T/SEC. ALVARO E. CORREA		1.2 NAME	
2573 MAYFAIR LANE		1.3 STREET ADDRESS	
WESTON, FL 33327		1.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	
NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	
NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME	
NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	
NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME	<input type="checkbox"/> DELETE	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 reported 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:  **PRESIDENT**

4/20/99

CR2E034 (10/97)