


FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90027 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000075467

1. Corporation Name

GONZALEZ & ABREU, M.D., P.A.

Principal Place of Business

7150 W 20 AVE STE 612
HIALEAH FL 33016

Mailing Address

7150 W 20 AVE STE 612
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1998

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0860244

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐**\$8.75 Additional**
Fee Required

City & State

23

City & State

286. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be**
Added to Fees

Zip

Country

24**25**

Zip

Country

29**30**8. This corporation owes the current year Intangible
Personal Property Tax.☐ Yes☐ No

9. Name and Address of Current Registered Agent

ABREU, JOSE J
7150 W 20 AVE STE 612
HIALEAH FL 33016

10. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ROLANDO	
STREET ADDRESS	7150 W 20 AVE STE 612	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABREU, JOSE J	
STREET ADDRESS	7150 W 20 AVE STE 612	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABREU, SYLVIA P	
STREET ADDRESS	7150 W 20 AVE STE 612	
CITY-ST-ZIP	HIALEAH FL 33016	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARIA E	
STREET ADDRESS	7150 W 20 AVE STE 612	
CITY-ST-ZIP	HIALEAH FL 33016	

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (11/98)