

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90006 043 ***150.00

0191034

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000080518

1. Corporation Name
CARLOS E. COELHO, M.D., P.A.

Principal Place of Business: 100 S.E. 2ND ST., 28TH FLOOR, C/O MARC H. AUERBACH, ESQ., MIAMI FL 33131
Mailing Address: 100 S.E. 2ND ST., 28TH FLOOR, C/O MARC H. AUERBACH, ESQ., MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2110 Biscayne Blvd., # 205, N. Miami, Florida, 33180 USA
2a. Mailing Address: 26 2110 Biscayne Blvd., # 205, N. Miami, Florida, 33180 USA

3. Date Incorporated or Qualified: 11/01/1998
4. FEI Number: 650862915
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: No

9. Name and Address of Current Registered Agent: AUERBACH, MARC H, 100 S.E. 2ND ST., 28TH FLOOR, MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 201 S. Biscayne Blvd., # 2000, 84 City: Miami, FL 85 Zip Code: 33131

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: Marc Auerbach, DATE: 4/15/99

Table with 6 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. It is currently empty.

Table with 6 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP. Includes checkboxes for Change and 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 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 REQUIRED 4/12/99 305-932-6068

CR2E034 (1/198)