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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **P98000082497**

1. Corporation Name
ANDRES BUSTILLO M.D. P.A.



Principal Place of Business: 1840 WEST 49TH ST. SUITE 601 HIALEAH FL 33012
 Mailing Address: 1840 WEST 49TH ST. SUITE 601 HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
22		27		28		29		30	
City & State		City & State		Country		Country		Country	
23		28		29		30		30	
Zip		Zip		Country		Country		Country	
24		29		30		30		30	
Country		Country		Country		Country		Country	

3. Date Incorporated or Qualified
09/23/1998

4. FEI Number
65-0889442

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Not Applicable

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

9. Name and Address of Current Registered Agent

BUSTILLO, ANDRES MD
1840 WEST 49TH ST.
SUITE 601
HIALEAH FL 33012

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]* **Andres Bustillo** DATE: **2-22-99**

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	BUSTILLO, ANDRES	
STREET ADDRESS	1840 WEST 49TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Yolanda Pena	
1.3 STREET ADDRESS	1840 W 49TH ST	
1.4 CITY-ST-ZIP	Hialeah FL 33012	
2.1 TITLE	Yolanda Pena PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1840 W. 49TH #601	
2.3 STREET ADDRESS	Hialeah FL 33012	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andres Bustillo	
4.3 STREET ADDRESS	1840 W 49TH ST #601	
4.4 CITY-ST-ZIP	HIALEAH FL 33012	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Andres Bustillo** DATE: **2-22-99** DAYTIME PHONE #: **305-8280201**

CR2E034 (11/98)