


FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90010 046 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000106972			
1. Corporation Name GUILLERMO SUAREZ, M.D., PA			
Principal Place of Business 7821 S.W. 129TH TERRACE MIAMI FL 33156		Mailing Address 7821 S.W. 129TH TERRACE MIAMI FL 33156	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Anesthesia MERCY HOSPITAL Dept.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 Suite, Apt. #, etc. 3663 S. Miami Ave		27 Suite, Apt. #, etc.	
23 City & State Miami FL		28 City & State	
24 Zip 33133		29 Zip	
25 Country US		30 Country	
9. Name and Address of Current Registered Agent SUAREZ, GUILLERMO 7821 S.W. 129TH TERRACE MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name Guillermo Suarez 82 Street Address (P.O. Box Number is Not Acceptable) 7821 S.W. 129th Terr 83 84 City Miami 85 Zip Code FL 33156	
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 607.0504, Florida Statutes. SIGNATURE: <i>Guillermo Suarez</i> DATE: 5-1-99 (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Guillermo Suarez, M.D. 7821 SW 129 Terr Miami FL 33156	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Guillermo Suarez</i>		2-19-99 (605) 251-7453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (11/98)