PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # S15862 1. Corporation Name

PABLO A. GUZMAN, M.D., P.A.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90016 002 ***150.00

Principal Place of Business 1775 EAGLE TRACE CORAL SPRINGS FL 33071		Mailing Address 1775 EAGLE TRACE CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 11/27/1990		
2. Principal F	Place of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4. FEI Number 65-0233805	<u> </u>	pplied For
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				_		ot Applicable Additional
22		27				5. Certificate of Status Desired	•	equired
City & Sta	te	City & State				6. Election Campaign Financing		May Be
23 Zip	Country	28 Zip	Coun	itry		Trust Fund Contribution		to Fees
24	25		30	,		This corporation owes the current year Personal Property Tax.	r intangible ☐ Yes	XNo
	9. Name and Address of Curr	rent Registered Agent	-:I			10. Name and Address of New Registe	red Agent	
GU7	ZMAN, PABLO A., M.D.		1	81	Name			
1775 EAGLE TRACE BLVD E.			1	82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
COF	RAL SPRINGS FL 33071			83				
							, , , ,	
			6	B4 (City	Į	-L 85 Zip	Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change was al	ithorized b	bv the	named corpo e corporation	ration submits this statement for the purposi r's board of directors. I hereby accept the ap	of changing its	registered egistered
SIGNATURE								
	Signature, typed or printed name of registered a	<u> </u>			ignature required			
SIGNATURE 12. TITLE		AND DIRECTORS	13.	gent si	ignature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
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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 of 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 an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/99

Daytime Phone #

R2E034 (11/98)