

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

FILED
Feb 09 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S28656 (4)

1. Corporation Name
ERICK M. SALADO, M.D., P.A.



| | |
|---|---|
| Principal Place of Business 1790 WEST 49TH STREET SUITE 401 HIALEAH FL 33012 | Mailing Address 1790 WEST 49TH STREET SUITE 401 HIALEAH FL 33012 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/31/1991

| | | |
|------------------------------------|---|---|
| 4. FEI Number 65-0244140 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent

SALADO, ERICK M MD
935-W-49TH-ST-
~~**SUITE 203**~~
~~**HIALEAH FL 33012**~~

10. Name and Address of New Registered Agent

| | |
|---|------------------------------|
| 81 Name | SALADO, ERICK M, M.D. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1790 West 49th street |
| 83 | Suite # 401 |
| 84 City | Hialeah, FL |
| 85 Zip Code | 33012 |

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **2/1/98**

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SALADO, ERICK M MD | |
| STREET ADDRESS | 935 W 49TH ST, STE 203 | |
| CITY - ST - ZIP | HIALEAH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1790 West 49th street # 401 |
| 1.4 CITY - ST - ZIP | HIALEAH, FL 33012 |

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.

SIGNATURE: *[Signature]* **2/1/98** **18064570**

CR2E034 (10/97)