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

Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # MYRIAM O. CAPATI, M.D., P.A. Principal Place of Business Mailing Address 6725 S.W. 136TH ST. 6725 S.W. 136TH ST. MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/03/1991 2. Principal Place of Business Applied For 2a. Mailing Address FEI Number 21 65-0254012 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CAPATI, RIACARDO 6725 S.W. 136TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33156** 83 84 City 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DECETE Change Addition 1.1 TITLE TITLE CAPATI, MYRIAM O. NAME 1.2 NAME 6725 S.W. 136TH ST. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL DITY-ST-7IP 1.4 CITY - ST - ZIP DELETE Addition TITLE STD 2.1 TITLE Change CAPATI, RICARDO NAME 2 2 NAME 6725 S.W. 136TH ST. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 31 TITLE NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change 4.5 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREE! ADDRESS 53 STREE1 ADDRESS CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 suppliemental 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 attack present with an extress section of the corporation of the corporation

03-12-98

(305)238-6835

Daytime Phone # 0219823

MYRIAM O. CAPATI, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED