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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S67021

1. Corporation Name JUAN-RENE GEADA, M.D., P.A.

Principal Place of Business 6701 SUNSET DRIVE SUITE 212 MIAMI FL 33143 US

Mailing Address 6701 SUNSET DRIVE SUITE 212 MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/15/1991

4. FEI Number 65-0277860 Applied For Not Applicable

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 the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country 25

29 Zip Country 30

9. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS INC. 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI FL 33126

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE D DELETED NAME GEADA, JUAN RENE STREET ADDRESS 6701 SUNSET DRIVE #212 CITY-ST-ZIP MIAMI FL

13.1 TITLE Change Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

12.2 TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13.1 TITLE Change Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

12.3 TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13.1 TITLE Change Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

12.4 TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13.1 TITLE Change Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

12.5 TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13.1 TITLE Change Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

12.6 TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

13.1 TITLE Change Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 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 and typed or printed name of signing officer or director

Date 3/27/99 (305) 666-6160 Daytime Phone #

CR2E034 (1/1/98)