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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$70213

(1)

JORGE ALEXANDER PEREZ, M.D. P.A.

FILED Feb 07 1997 8:00am Secretary of State



Principal Place of Bus	siness	Mailing A	Mailing Address					- I IDENIERO III NOBII ODINO NIBAL NIBAL IIN BADAY QIBIN DIBIN BIDAN BADAY KODI			
6245 N. FEDERAL HW	6245 NO	6245 NORTH FEDERAL HWY SUITE 200									
SUITE 200											
FORT LAUDERDALE FO US	L 33308	US US	uderdale fl 3	33Q8-19T	5			3. Date Incorporated or Qualified 08/01/1991		ite of Last 16/1996	
2. Principal Place of	Business	2a. Mailir	ng Address					4. FEI Number	1,		pplied For
21	26	26					65-0279387 Not Applicable			lot Applicable	
Suite, Apt. # etc.		j	Apt. #, etc.					5. Certificate of Status Desired		,	Additional
22		27						or communication of character parameter	· · · · · · · · · · · · · · · · · · ·	Fee F	Required
City & State		City & State					6. Election Campaign Financing \$5.00 May Be				
23 Zip	Country	28 Ziro		- C			·	Trust Fund Contribution			to Fees
	ê '	Zip			ountry			8. This corporation has liability for i	ntangible Yes [tax under:	s. <u>19</u> 9.032.
24 9 N	25 lame and Address of Curre	29 of Registered	Agent	30	T			Florida Statutes 10. Name and Address of New Re			
PEREZ, JO	·				81	Nam	ne	19, -marrie ditta ridal ada di stati ilia	9.0.0.00	· · ·	
	TH FEDERAL HWY										
SUITE 200					82	Stree	at Addres	s (P.O. Box Number is Not Acceptab	le)		
	DERDALE FL 33308				83	·					
ront LAU	DENDALE IL 33300										
					84	City			FL	65 Zip	Code
11. Pursuant to the p	rovisions of Sections 607 05	02 and 607 150	8 Florida Statut	es the	above	a-name	ed corpor	ation submits this statement for the p	urnosa of	changing	its registered
office or registere	ed agent, or both, in the Stat	e of Florida, Suc	ch change was	authoriz	ed by	/ the co	orporation	n's board of directors. I hereby accep	t the app	ointment a	s registered
2	ar with and accept the obliq	gations or, Secti	on 607.0505, FI	orida St	atutes	S.					
SIGNATURE Signature	typed or printed name of registered as	ent and title if applica	ible (NOI	E Registe	red Age	nt signat	ure required	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS		13				ADDITIONS/CHANGES TO OFFIC		DIRECTO	R\$ IN 12
TITLE D			DELETE	1.1	TITLE					Change	☐ Addition
NAME PERI	ez, jorge a.			1.2	NAME						
STREET ADDRESS 6245	NORTH FEDERAL HWY	SUITE 200		1.3	STREET	ADDRES	s				
CITY-ST-ZIP FOR	t lauderdale fl			1.4	CITY-S	T-ZIP	•				
TITLE			DELETE	2.1	TITLE					Change	Addition Addition
NAME				2.2	NAME						
STREET ADDRESS				2.3	STREET	ADDRES	s	uer.			
CITY-ST-ZIP				2.4	CITY - 9	ST-ZIP					
TITLE			DELETE	3.1	TITLE					Change	☐ Addition
NAME				3.2	NAME						
STREET ADDRESS				3.3	STREET	ADDRES	s				
CITY-ST-ZIP				3.4.	CITY-5	ST-ZIP					
TITLE			DELETE	4.1	TITLE					Change	Addition
NAME				4.2	NAME						
STREET ADDRESS				4.3	STREET	ADDRES	s				
CITY+ST-ZIP		******		4.4	CITY-S	T-ZIP					
TITLE	· ·		DELETE	5.1	TITLE					Change	Addition
NAME				5.2	NAME						
STREET ADDRESS				5.3	STREET	ADDRES	s				
CITY - ST - ZIP				5.4	CITY-\$	T-ZIP					
TITLE			DELETE	61	TITLE					Change	Addition
NAME				6.2	NAME						
STREET ADDRESS			:	6.3	STREET	ADDRES:	s				
CITY - ST - ZIP					CITY-S						
											

14. If do 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 (954)357-2200