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

PROFIT CORPORATION ANNUAL REPORT

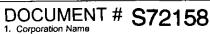
1999



Secretary of State **DIVISION OF CORPORATIONS**

May 05, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

05-05-1999 90176 045 ***150.00



J. M. GARMENDIA, M.D., P.A.

Principal Place of Business Mailing Address)1 61611 6161 1	#1 #1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 # 1 #	ti G lock 1881
2636 OAK ST JACKSONVILLE FL 32204 US P.O BOX 61058 JACKSONVILLE FL 32238 US US			058		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
2. Principal Pla		2a. Mailing Address 26 Suite, Apt. #, etc.			09/01/1991 4. FEI Number 59-3078487 5. Certificate of Status Desired	\$8.		ied For Applicable
City & State	Country	27 City & State 28 Zip	Countr	nv.	Certificate of Status Desired G. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution This corporation owes the current year	\$5.00 May Be Added to Fees		
Zip Country Zip 24 25 29			30		Personal Property Tax.	☐ Yes	s C	JNo
	9. Name and Address of Currer	t Registered Agent	8	71	10. Name and Address of New Registere	d Agent		
GARMENDIA, J.M. 2636 OAK ST JACKSONVILLE FL 32204					dress (P.O. Box Number is Not Acceptable)			
			8	4 City	F	L 85	Zip Co	ode
office or re agent. I an SIGNATURE	igistered agen, or tooth, in the State in familiar with and accept the obliga	of Florida, Such change was autitions of, Section 607.0505, Florid	a Statute	y the corporates.	poration submits this statement for the purpose ion's board of directors. I hereby accept the appeared when reinstating) DATE	of changii pointment	ng its re as regis	egistered stered
12.	Signature, types of printed name of registered age	ID DIRECTORS	13.	tour signatore requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRI	ECTOR	S IN 12
	D OFFICERS AN	DELETE	1,1 TITLE			☐ Ch		Addition
	GARMENDIA, J.M.	_	1.2 NAME					
	COCC DAY ST		1.3 STREET ADDRESS					
	JACKSONVILLE FL		1.4 CITY-					
01) 1-31-ZIF		[] DELETE	24777.5			□Ch	ange	☐ Additio

☐ Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZiP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

G OFFICER OR DIRECTOR

CR2E034 (11/98)

☐ Addition