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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # \$82793

CENTER FOR PREVENTIVE MEDICINE, INC.

Mailing Address Principal Place of Business 2706 20TH STREET 2706 20TH STREET

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90042 038 ***150.00



	RO BEACH FL 32960	VERO BEACH FL 32960			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 09/11/1991		
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable	
	•	26		_	65-0288162		
	Suite, Apt. #, etc.	Suite, Apt. #, etc.			l e O Chahun Donisod ' '	75 Additional ee Required	
22		27				. 00	
	City & State	City & State			1 9	.00 May Be	
_	•	28			Trust Fund Contribution A	ded to Fees	
3	Zin Country	Zip	Countr	v	8. This corporation owes the current year Intangible		
_		<u> </u>	30	,	Personal Property Tax.		
24	25		30		10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register of Agent		
	200	 -	8	Name `			
QUARANTO, DANNY			82	82 Street Address (P.O. Box Number is Not Acceptable)			
	VERO BEACH FL 32960		83	3			
		ti ili ili ili ili ili ili ili ili ili i	.84	City	FI 85	Zip Code	
				. i			

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 n agent. I a	egistered agent, or both, in the State of Florida. Such change was aun n familiar with, and accept the obligations of, Section 607.0505, Flori	da Statutes.	,
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature requ	quired when reinstating) . DATE
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D DELETE	1,1 TITLE	☐ Change ☐ Addition
TITLE	QURANTO, DANNY	1,2 NAME	
NAME	2706 20TH STREET	1.3 STREET ADDRESS	
STREET ADDRESS	VERO BEACH FL	1.4 CITY-ST-ZIP	·
CITY-ST-ZIP	D DELETE	2.1 TITLE	☐ Change ☐ Addition
TITLE	_	2.2 NAME	,
NAME	MONASTERIO, JOSEFINA	2.3 STREET ADDRESS	•
STREET ADDRESS	2706 20TH STREET	2.4 CMY-ST-ZIP	
CITY-ST-ZIP	VERO BEACH FL	3.1 TITLE	☐ Change ☐ Addition
TITLE	rang rang 1		
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	☐ Change ☐ Additio
TITLE	DELETE	4.1 TITLE	
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Additi
TITLE	☐ DELETE	5.1 TITLE	Cuango C1/2000
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	. 4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Additi
TILE	DELETE	6,1 TITLE	☐ Change ☐ Additi
NAME	49 表示に関する。	6.2 NAME	
STREET ADDRESS	**************************************	6.3 STREET ADDRESS	·
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Clab dea L forther cortifu that the information

14. I hereby 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 informati 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.