SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Aug 13, 1999 8:00 am Secretary of State

08-13-1999 90011 039 ***550.00

DOCUMENT 1 Corporation Name	#	S8601	8

PEDRO A. VILLA, M.D., P.A.

CORAL GABLES FL 33146 US 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 25 Country Country CORAL GABLES FL 33146 US 3. Date Incorporated or Qualified 10/07/1991 4. FEI Number 65-0298128 Not Applied For Not Applicable \$8.75 Additional Fee Required. Fee Required. City & State Country Zip Country Country S. This corporation owes the current year						,				
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9. Name and Address of Current Registered Agent VILLA, PEDRO A. 1150 CAMPO SANO AVENUE SUITE 420 CORAL GABLES FI. 33146 14. City 15. Virus and 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 agent. I am a transfer with, and accept the obligation of, section 67.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of, section 67.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of, section 67.0508, Florida Statutes. SIGNATURE 15. OFFICERS AND DIRECTORS 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 15. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITYST-2P 15. TITLE 15. TITLE		Country		Cou	intry		8. This corporation owes the current	year		
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1150 CAMPO SANO AVENUE SUITE 420 CORAL GABLES FL 33146 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, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Syntaws, typed or printed rame of 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, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OF FICERS AND DIRECTORS 11.10 LETTE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. CITYST ZIP TITLE 15. TITLE	VILLA	DENDA A			81	Name				
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SIGNATURE Signature, typed or printed name of registrated agent and title if applicable. NOTE. Registered Agent signature required when resistating) DATE	office or :	registered agent, or both, in the	State of Florida, Such change was	authorize	d by	the corporation	ation submits this statement for the purpo n's board of directors. I hereby accept th	se of changing e appointment	its registe as registe	ered ered
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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.

SIGNATURE:

305-667-8418