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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90010 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V21838

1. Corporation Name
WILBUR, GREENSTEIN AND QUINTELA, M.D.'S, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9850 STIRLING RD SUITE 103 COOPERCITY FL 33024-8024 US	Mailing Address 9850 STIRLING RD SUITE 103 COOPERCITY FL 33024-8042 US
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3. Date incorporated or Qualified 03/16/1992	
4. FEI Number 65-0320256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent

WILBUR, RICHARD J.
9850 STIRLING RD
SUITE 103
FT LAUDERDALE FL 33024

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARC H GREENSTEIN MD	
STREET ADDRESS	9850 STIRLING RD #103	
CITY-ST-ZIP	COOPERCITY FL 33024	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERENFELD, SHARON	
STREET ADDRESS	9850 STIRLING ROAD 103	
CITY-ST-ZIP	COOPER CITY FL 33024	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	QUINTELA, PABLO A	
STREET ADDRESS	9850 STIRLING RD, SUITE 103	
CITY-ST-ZIP	COOPER CITY FL 33024	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILBUR, RICHARD J	
STREET ADDRESS	9850 STIRLING RD, SUITE 103	
CITY-ST-ZIP	COOPER CITY FL 33024	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Quintela, Pablo
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: Pablo Quintela RE RICHARD J WILBUR Quintela 1/29/99 (954) 437-1500
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)