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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V3841

(8)

DR. NESTOR LACAYO, M.D., P.A.

A PRODUCATION DE LA PRODUCTION DE LA PRO

FILED

Apr 14 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address						- I INDUL OPENDAN KUNDU HOHIL DLOBEL DIRAGI OKL	ı Biğili BiBli B	I DIR GHUH GIQI	Q
709 E. HILLSBORO BLVD. DEERFIELD BEACH FL 33441 709 E. HILLSBORO BLVD DEERFIELD BEACH FL 33						DO NOT WRITE	IN THIS SI	PACE	
						3. Date Incorporated or Qualified			
	· · · · · · · · · · · · · · · · · · ·					05/22/1992			
2. Principal P	lace of Business	<u></u>	2a. Mailing Address			4. FEI Number			plied For
21 Cuito Ant	# alo	· - ·	26			65-0322483			t Applicable
Suite, Apt.	W, etc.	} 1	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Stat	9		City & State			Election Campaign Financing		\$5.00	
23		· '	28			Trust Fund Contribution		Added i	
Zip			Country		8. This corporation owes or has pai	d the curre			
24	25 29		30	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of C	urrent Registered Age	ıt	81		10. Name and Address of New Re	pistered A	gent	
MULLIN, JAMES G.					Name				
22	83 NW BOCA RATON BLVD	#205		82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
BO	ICA RATON FL 33431								
				83					
				84	City			85 Zip (Code
44 Puramont	to the provisions of Sections 60	7 0502 and 607 1509 E	orido Statutas, the	obout	named core	oration submits this statement for the p	FL.	phonoina it	o registered
office or a agent. I a	registered agent, or both, in the im familiar with, and accept the	State of Florida, Such of obligations of, Section 6	orida Statutes, (ne nange was authoriz 07.0505, Florida St	ed by	the corporati	ion's board of directors. I hereby accep	the appo	intment as	registered
SIGNATURE									
12.	Signature, typed or printed name of registr	RS AND DIRECTORS	(NOTE: Hogiste		ut signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIRECTOR	28 IN 12
TITLE	DP			TITLE		ADDITIONS/OF PARGES TO OFFICE		Change	Addition
NAME	LACAYO, NESTOR	_		NAME				•	}
STREET ADDRESS	3913 NW 55TH ST				ADDRESS				1
CITY-ST-ZIP	COCONUT CREEK FL 3	3073	1.4	CITY-S	T- ZIP				
TITLE	DVP		DELETE 2.1	TITLE				Change	Addition
NAME	LACAYO, ALMA		2.2	NAME					1
STREET ADDRESS	3913 NW 55TH ST		2.3	STREET	ADDRESS				
CITY - ST - ZIP	COCONUT CREEK FL 33073			2. 4 CITY+ST-ZIP					
TITLE				TITLE			- I	Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS			•	{
CITY-ST-ZIP				CITY-S	ST-ZIP			Change	1 Addition
TITLE		L		TITLE			ı	Change	Addition
NAME DIRECT ADDRESS				NAME	1000000				
STREET ADDRESS					ADDRESS				ł
CITY-ST-ZIP TITLE	<u> </u>			CITY-S	1-211			Change	Addition
NAME		-		NAME				Bo	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			■ ⁻	CITY-S					}
TITLE				TITLE			Π	Change	Addition
NAME	l			****	1			-	
STREET ADDRESS	l .		0.2	NAME	į.				
SINKE I AUUNESS					ADDRESS				

14. Thereby 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 perfort 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 receivery in custee 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:

247/28