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Jan 29, 1999 8:00am

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V48209**

1. Corporation Name

JORGE M. GUTIERREZ D.D.S., P.A.

Principal Place	e of Business ,	Mailing Address				2,24, 5,51, 5	
3822 W. 16 AVE. 3822 W. 16 AVE. HIALEAH FL 33012 HIALEAH FL 33012					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 07/07/1992		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26		65-0343195		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	Additional	
22		27		5. Certifcate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23 .		28			Trust Fund Contribution	Added to	o Fees
Žip	Country	Zip	_ Country	,	8. This corporation owes the current year I		
24	25	29 3	0	•	Personal Property Tax.		□No
	9. Name and Address of Current	Registerea Agent	81	Name	10. Name and Address of New Registere	u Agent	
GUT	IERREZ, JORGE M.			INGING			
3822 W. 16 AVE. HIALEAH FL 33012		82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
HIAL	EAH FL 33012	·	83	· -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	र १ च र २ जाहे बहा । १ र र १ के के हाल्की (१९) (१	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
						· 李明朝 4 元章	
	·		84	City	F	85 Zip C	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the above	e-named corp	poration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	^r Florida. Such change was autt	norized by	the corporation	on's board of directors. I hereby accept the app	ointment as req	gistered
	m raminar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes	•			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Ager	nt signature require	od when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12
TITLE .	PD	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME \	GUTIERREZ, JORGE M.		1.2 NAME				
STREET ADDRESS	3822 W. 16 AVE.		1.3 STREET	TADORESS			
CITY+ST-ZIP	HIALEAH FL		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	•		2.2 NAME				•
STREET ADDRESS		•	2.3 STREET	TADORESS	•		
CITY-ST-ZIP	-		2.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	QAR (State of		3.3 STREET	TADDRESS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			☐ Addition
TITLE	٠.	☐ DELETE	4.1 TITLE		•	′ ☐ Change `	L Addition
NAME			4. 2 NAME				
STREET ADDRESS				ADDRESS	·		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE .		OCCETE	5.1 TITLE 5.2 NAME		$\gamma_{ij} = \gamma_{ij} = \gamma_{ij}$		<u> </u>
NAME			5.3 STREET	T ADDRESS	•		
STREET ADDRESS	7.9	•	5.4 CITY-S				
CITY-ST-ZIP TITLE	And the second s	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME.	State and Control		6.2 NAME				
STREET ADDRESS	The Section of the Se		6.3 STREET	T ADDRESS			
CITY-ST-ZIP	\sim		6.4 CITY-S		·		

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 surplemental 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 of the review 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 (%)