## 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

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90074 018 \*\*\*150.00

1, Corporation	MENT # V4859 P. LLANEZA, M.D., P.A.	7					
Principal Place	e of Business	Mailing Address	<del></del>		-	) IOOK BIOK OIDII DIOI	OLACE DEBLE DEBLE INDE
9195 SW 72ND		9195 SW 72ND ST					
STE 120 STE 120					,		
MIAMI FL 33173	1	MIAMI FL 33173 US			DO NOT WRIT  3. Date Incorporated or Qualifed	E IN THIS SPACE	=
US		US			3. Date incorporated or Qualified . 07/08/1992		}
2 Princinal Pl	ace of Business	2a. Mailing Address		<del></del>	4. FEI Number		Applied For
2. Principal Place of Business		26		65-0343043		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certifcate of Status Desired	1 1 +	75 Additional
22		27				F6	ee Required
City & State	e	City & State			6. Election Campaign Financing _	_ <sub>□</sub> \$5	.00 May Be
23	Ct	28 Zin	Country		Trust Fund Contribution		ided to Fees
Zip	Country	Zip 29 3	Country 30		This corporation owes the curre     Personal Property Tax.	ent year Intangible Yes⊡	
24	25 9. Name and Address of Curr		70		10. Name and Address of New R		
		-	81	Name /	heat J. AL	ACK	
	RIDA REGISTERED AGENTS, 11	₹C.	82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)	
1 <del>00 SE-2ND ST-#3600 -</del>				901	ese (P.O. Box Number is Not Acceptal	BLVL	<i>D</i> .
MIAN	<del>// FL 33131</del>		83	Rent 1	Souse Suite	_	
			84	City	CALL .	85	Zip Code
	- A	EDO COT 4500 51	the chair	COL	AI OADIES	FL of changing	ng its registered
11. Pursuant office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	iou∠ and 607.1506, Florida Statutes ite of Florida. Such change was aut	s, are above-r thorized by th	nameu corpo le corporatio	n's board of directors. I hereby accept	t the appointment	as registered
			J - 04-4			, ,	<i>*</i>
	$\nu_{\cdot}$ , $\nu_{\cdot}$ , $\nu_{\cdot}$				Black	2/28/	79
agent. I a	Court Dark	- Kob			PLACK when reinstating)	2/28/7	77
	Signature, typed or printed name of registered a	egent and title if applicable. (NOTE: R AND DIRECTORS	Registered Agent si		LACK	DAYE TICERS AND DIRE	ECTORS IN 12
SIGNATURE	Signature, typed or profited name of registered a  OFFICERS A	agent and title if applicable. (NOTE: R	Registered Agent si 13. 1.1 TITLE		PLACK when reinstating)	2/28/7	ECTORS IN 12
SIGNATURE	Signature, typed or profited name of registered a OFFICERS / D LLANEZA, PEDRO P	egent and title if applicable. (NOTE: R AND DIRECTORS	Registered Agent si 13. 1.1 TITLE 1.2 NAME	ignature required	PLACK when reinstating)	DAYE TICERS AND DIRE	ECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or profited name of registered a OFFICERS / D LLANEZA, PEDRO P 9195 SW 72 STREET #120	egent and title if applicable. (NOTE: R AND DIRECTORS	Registered Agent si  13. 1.1 TITLE 1.2 NAME 1.3 STREET AL	ignature required	PLACK when reinstating)	DAYE TICERS AND DIRE	ECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP	Signature, typed or profited name of registered a OFFICERS / D LLANEZA, PEDRO P	ogent and title if applicable. (NOTE: R AND DIRECTORS	tegistered Agent si 13. 1.1 TIILE 1.2 NAME 1.3 STREET AG 1.4 CITY-ST-Z	ignature required	PLACK when reinstating)	DATE  CICERS AND DIRE	ECTORS IN 12 ange Addition
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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 reggiver 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: