

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V69217** (0)
 1. Corporation Name
VICENTE ROGER M.D.P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1048 KANE CONCOURSE SUITE 102 BAY HARBOR FL 33154**
 Mailing Address: **1048 KANE CONCOURSE SUITE 102 BAY HARBOR FL 33154**

2. Principal Place of Business: **1069 KANE CONCOURSE**
 Suite, Apt. #, etc.
 City & State: **BAY HARBOR FL**
 Zip: **33154**

2a. Mailing Address: **SAME**
 Suite, Apt. #, etc.
 City & State:
 Zip: Country

3. Date Incorporated or Qualified: **10/02/1992**

4. FEI Number: **65-0356760** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
ROGER, VICENTE
1048 KANE CONCOURSE
SUITE 102
BAY HARBOR FL 33154

10. Name and Address of New Registered Agent:
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable): **1069 KANE CONCOURSE**
 83
 84 City: **BAY HARBOR** FL 85 Zip Code: **33154**

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPS ROGER, VICENTE	1048 KANE CONCOURSE	BAY HARBOR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1		1069 KANE CONCOURSE	BAY HARBOR FL 33154	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1		500002532675	-05/22/98--01013--017	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1		***150.00		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: _____ DATE: **4/29/98 (305) 868-5181**

CR2E034 (10/97)