

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000074034 (6)**  
 1. Corporation Name  
**PABLO GONZALEZ AND FRANCISCO SOSA, M.D., P.A.**



Principal Place of Business <b>1701 S.E. HILLMOR, SUITE 18                  PORT ST. LUCIE FL 34952</b>	Mailing Address <b>1701 S.E. HILLMOR, SUITE 18                  PORT ST. LUCIE FL 34952</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. <b>1825 S.E. TIFFANY AVE. ST 102</b>		2a. Mailing Address 26 <b>1825 S.E. TIFFANY AVE.</b> Suite, Apt. #, etc. <b>SUITE 102</b>		3. Date Incorporated or Qualified <b>09/25/1995</b>	
22 City & State <b>Port St. Lucie FL</b>		27 City & State <b>Port St. Lucie FL</b>		4. FEI Number <b>65-0608798</b>	
23 Zip <b>34952</b>		25 Country <b>P. St. Lucie</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>34952</b>		29 Zip <b>34952</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country <b>P. St. Lucie</b>		30 Country <b>St Lucie</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GONZALEZ, PABLO M.D.                  1701 S.E. HILLMOR, SUITE 18                  PORT ST. LUCIE FL 34952</b>				10. Name and Address of New Registered Agent 81 Name <b>Pablo Gonzalez M.O.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1825 S.E. TIFFANY AVE. SUITE 102</b> 83 84 City <b>Port St Lucie</b> <b>FL</b> 85 Zip Code <b>34952</b>			
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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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, PABLO M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>1211 S.W. LIVE OAK COVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOSA, FRANCISCO M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>648 S.W. PALMETTO COVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34986</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ DATE: **4/20/98** (41) 337-4000

CP2E034 (10/97)