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

Mailing Address

SUITE 102

1825 S.E. TIFFANY AVE

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

1825 S.E. TIFFANY AVE

SHITE 102



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000074034

PABLO GONZALEZ AND FRANCISCO SOSA, M.D., P.A.

DO NOT WRITE IN THIS SPACE PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 3. Date Incorporated or Qualifed 09/25/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0608798 26 21 Suite, Apt, #, etc. \$8.75 Additional Suite, Apt. #, etc. П 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country □ No √Yes Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 GONZALEZ, PABLO M.D. Street Address (P.O. Box Number is Not Acceptable) 1825 S.E. TIFFANY AVE SUITE 102 83 PORT ST. LUCIE FL 34952 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 1.1 TITLE TITLE 1.2 NAME GONZALEZ, PABLO M.D. NAME 1211 S.W. LIVE OAK COVE 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY- ST- ZIP PORT ST. LUCIE FL 34986 CITY-ST-ZIF Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME SOSA, FRANCISCO M.D. NAME 2.3 STREET ADDRESS 646 S.W. PALMETTO COVE STREET ADDRESS PORT ST. LUCIE FL 34986 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS 部等的機構 STREET ADDRESS 3.4. CITY-ST-ZIP 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, with all other like empowered. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

Francisci Susa

☐ DELETE

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FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90023 010 ***150.00

CR2E034 (11/98)

Change 1. Addition

Change

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Addition