FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 G49120 DOCUMENT # 1. Corporation Name

(0)

ANGEL VELOSO, M.D., P.A.

Principal Place of Business	Mailing Address	
7500 S.W. 8TH STREET PENTHOUSE TWO	7500 S.W. 8TH STREET PENTHOUSE TWO	

MIAMI FL 33144		MINMI FL 33144	MIAMI FL 33144			3. Date incorporated or Qualified 3a. Date of Last 06/30/1983 12/05/19			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2297785		[_	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt #. etc.				5. Certificate of Status Desired			75 Additional e Required
City & State	·	City & State				6. Election Campaign Financing Trust Fund Contribution		-	00 May Be ded to Fees
Ζφ 24	Gountry 25	<i>Ζ</i> ιρ 29	ր ⊢–ր		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Currer	nt Registered Agent		Ĭ		10. Name and Address of New I	Registered A	gent	
				81	Name				
	CHO & MUR, P.A. Puglas road			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		
SUITE 5				83					
	SABLES FL 33134			84	City		FL	85	Zip Code
SIGNATURE ,	Signature type for protestral in of representations OFFICERS AN	recorder Capalization re-	Oli Hegaleso	: Agent	Segration de provin	when herst may " ADDITIONS/CHANGES TO OFF	DA1E ICERS AND	DIRF C	TORS IN 12
TITLE	PSD	DELETE	1 1 11	1166	T	ALDITIONS OF ANGLE TO OF) Chang	
NAME	VELOSO, ANGEL, M.D.		1 2 NA				L	, onung	
STREET ADDRESS	13750 S.W. 36TH STREET				ADDRESS				
					The best of the second				
CITY - ST - ZIP	MIAMI FL				. 716				
CITY-ST-ZIP		DÉTE		[Y-S]	- 716] Chang	e [Addition
		DELETE	1401	ITLE	- ZIF] Chang	e 🚹 Addition
TITLE		DETE	1 4 () 2 1 TI - 2 2 M/	ITY-ST ITLF AME	- ZIF ADDRESS	The second secon] Chang	e 🔚 Addition
TITLE NAME		□ DÉLETE	1 4 CI 2 1 TI 2 2 N/ 2 3 SI	ITY-ST ITLF AME	ADDRESS] Chang	e 🗋 Addition
TITLE NAME STREET ADDRESS		□ DELETE	1 4 CI 2 1 TI 2 2 N/ 2 3 SI	ITY-ST ITLE AME IBEET I	ADDRESS			Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			14 () 2 1 TI 2 2 W 2 3 SI 2 4 CI 3 1 TI 3 2 M	ITLE AME IREET (ITLE AME	ADDRESS ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			14 (1) 2 1 Ti 2 2 W 2 3 Si 2 4 Ci 3 1 Ti 3 2 M	ITY-ST ITLE AME IREET (ITLE AME JESSE	ADDRESS ZIP ADDRESS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	14 (1) 2 1 Ti 2 2 W 2 3 Si 2 4 Ci 3 1 Ti 3 2 M 3 3 S 3 4 Ci	ITY-ST ITLE AME IREET I ITLE AME ITREET	ADDRESS ZIP ADDRESS] Chang	e Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			14 (1) 2 1 Ti 2 2 A/ 2 3 STi 24 Ci 3 1 Ti 3 2 A/ 3 3 S 3 4 Ci 4 1 Ti	ITY-ST ITLE AME ITY ST ITLE AME ITES I ITY-ST ITLE	ADDRESS ZIP ADDRESS				e Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	14 (1) 2 1 Til 2 2 AV 2 3 Sil 2 4 Cil 3 1 Til 3 2 AA 3 3 S 3 4 Cil 4 1 Til 4 2 AV	ITY-ST TITLE AME TREET O THE AME TREET TY-ST THE	ADDRESS ZIP AUGRESS -2IP] Chang	e Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	14 (1) 2 1 Ti 2 2 AV 2 3 SI 2 4 Ci 3 1 Ti 3 2 AA 3 3 S 3 4 Ci 4 1 Ti 4 2 AA 4 3 S1	ITY-SET ITEE ITEE ITEE ITEE ITEE ITEE ITEE I	ADDRESS ZIP ADDRESS - ZIP ADDRESS] Chang	e Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP		☐ DETELE	14 (1 2 1 Ti 2 2 AV 2 3 Si 24 Ci 3 1 Ti 3 2 AV 3 3 S 3 4 Ci 4 1 Ti 4 2 AV 4 3 Si 4 4 Ci	TTY-ST TITLE AME TREET / TITLE AME TITLE T	ADDRESS ZIP ADDRESS - ZIP ADDRESS			Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	14 (1) 2 1 Ti 2 2 AV 2 3 SI 2 4 Ci 3 1 Ti 3 2 AA 3 3 S 3 4 Ci 4 1 Ti 4 2 AA 4 3 S1	TY-SI THE AME TREET (THE AME THE THE THE THE THE THE THE THE THE TH	ADDRESS ZIP ADDRESS - ZIP ADDRESS] Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE		☐ DETELE	14 (1 2 1Ti 2 2 AV 2 3 SI 2 4 Ci 3 1 Ti 3 2 AV 3 3 S 3 4 Ci 4 1 Ti 4 2 AV 4 3 SI 4 4 Ci 5 1 Ti 5 2 AV	TY-SI THE	ADDRESS ZIP ADDRESS - ZIP ADDRESS			Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DETELE	14 CI 2 1 TI 2 2 AV 23 SI 24 CI 3 1 TI 3 2 AV 3 3 S 34 CI 4 1 TI 4 2 AV 4 3 SI 4 4 CI 5 1 TI 5 2 AV 5 3 SI	TY-SI THE	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIF ADDRESS			Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DETELE	14 CI 2 1 TI 2 2 AV 23 SI 24 CI 3 1 TI 3 2 AV 3 3 S 34 CI 4 1 TI 4 2 AV 4 3 SI 4 4 CI 5 1 TI 5 2 AV 5 3 SI	ITY-SI ITTE AME ITTE ITTE ITTE AME ITTE AME ITTE ITTE ITTE ITTE ITTE ITTE ITTE IT	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIF ADDRESS			Chang	e Addition C Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	14 C1 2 1 T1 2 2 AV 2 3 S1 2 4 C1 3 1 T1 3 2 AV 3 3 S 3 4 C1 4 1 T1 4 2 AV 4 3 S1 4 4 C1 5 1 T1 5 2 AV 5 3 S1 5 4 C1	ITY-SI ITTE AME ITTE ITTE ITTE ITTE ITTE ITTE ITTE IT	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIF ADDRESS			Chang	e Addition e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	14 C1 2 1 T1 2 2 AV 23 S1 24 C1 3 1 T1 3 2 AV 3 3 S 3 4 C1 4 1 T1 4 2 AV 4 3 S1 5 1 T1 5 2 AV 5 3 S1 5 4 C1 6 1 T1 6 2 AV	ITY-SI ITTE AME ITTE ITTE AME ITTE AME ITTE AME ITTE ITTE ITTE ITTE ITTE ITTE ITTE IT	ADDRESS ZIP ADDRESS -ZIP ADDRESS -ZIF ADDRESS			Chang	e

Teport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under then for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attachment with an address certify that the information hydro oath; that I am an officer or the appears in Block 12 or Block (2

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR WILD . 4-1-96 (305) 362-6060