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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # S72819

ANTONIO MORA, M.D., P.A.



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 90051 039 ***158.75



					<u> </u>
Principal Place	e of Business	Mailing Address		11001100	
1435 W 49 PL 1090 MEADOW LARK AVE.					
SUITE 305 MIAMI SPRINGS FL 33166		DO NOT WRITE IN THIS SPACE		IN THIS SPACE	
HIALEAH FL 33	3012			3. Date Incorporated or Qualified	
US				08/13/1991	}
a Delectron D	In a f Dusings	2a. Mailing Address		4. FEI Number	Applied For_
-	lace of Business		Street		Not Applicable
21 Cuite Ant	# ata	26 Suite, Apt. #, etc.	1 0 1 00		\$8.75 Additional
Suite, Apt.	#, etc.	27 Ap+ # 353		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	- F1	6. Election Campaign Financing	7 \$5.00 May Be
23		120	es, FL	Trust Fund Contribution	Added to Fees
Zip	Country	I	Country	8. This corporation owes the current	
24	25	29 33014 30	Dade	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	_ _	10. Name and Address of New Reg	istered Agent
	TA ALIFORNIA		81 Name	mora. Antonio	,
MORA, ANTONIO				Address (P.O. Box Number is Not Acceptable	
1090 MEADOW LARK AVE.				910 Main Street	
MIAMI SPRINGS FL 33166			83 A	p+ # 353	
\sim			84 City	1°ami Lakes	FL 85 Zip Code 33014
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					
11. Pursuant to the provisions of Sections 607.1502 and 607.1506, Florida Statutes, the above-flating florida Statutes and 607.1506, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent. I am farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
	1/1/200	\sim			2/1/69
SIGNATURE	Signature, typed or proted name of registered age	ent and title if applicable. (NOTE: Regi	stered Agent signature re		DATE /
12.	OFFICERS At	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE	•	- X Change Addition
NAME	MORA, ANTONIO		1 2 NAME		ц 252
STREET ADDRESS	1090 MEADOW LARK AVE.		1.3 STREET ADDRESS	6910 Main Street,	Apt # 303
CITY-ST-ZIP	MIAMI SPRINGS FL	<u>,</u>	1.4 CITY-ST-ZIP	Miami Lakes, FL ?	33014
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE			3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS	والمراجع المسائل المراجع المسائل	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		j
STREET ADDRESS		1	4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		İ	4.4 CITY-ST-ZIP		j
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		ļ.	5.2 NAME	•	ļ
STREET ADDRESS			5.3 STREET ADDRESS		
	1	Ī	5.4 CITY-ST-ZIP		1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		□ DELETE ■	0		

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 suppliemental 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305 - 557 -3600