

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S72819

1. Corporation Name

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

Principal Place of Business

1435 W 49 PL
SUITE 305
HIALEAH FL 33012
US

Mailing Address

1090 MEADOW LARK AVE.
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1991

4. FEI Number

65-0340977

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 6910 Main Street

Suite, Apt. #, etc.

27 Apt # 353

28 City & State

Miami Lakes, FL

29 Zip Country

30 33014 Dade

9. Name and Address of Current Registered Agent

MORA, ANTONIO
1090 MEADOW LARK AVE.
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name Mora, Antonio

82 Street Address (P.O. Box Number is Not Acceptable)
6910 Main Street,

83 Apt # 353

84 City Miami 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORA, ANTONIO
STREET ADDRESS 1090 MEADOW LARK AVE.
CITY-ST-ZIP MIAMI SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 6910 Main Street, Apt # 353
1.4 CITY-ST-ZIP Miami Lakes, FL 33014

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)