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

DOCUMENT # 461180

1. Corporation Name RAFAEL G. MADRIGAL, M.D., P.A.					
Principal Place of Business	Mailing Address	_			
2601 SW 37TH AVE SUITE 903 MIAMI FL 33133 US	4950 S.W. 8TH ST. STE 302 CORAL GABLES FL 33134			DO NOT WRITE IN 1 3. Date Incorporated or Qualifed 09/16/1974	
Principal Place of Business	2a. Mailing Address 26 2601500 3	7 A	ve	4. FEI Number . 59-1549592	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 6/2 903			5. Certifcate of Status Desired	
City & State	City & State 28 MIQMI	FL		6. Election Campaign Financing Trust Fund Contribution	
Zip Country 24 25	Zip 29 33/33 30	Country M1Q1	mi Da	This corporation owes the current year Personal Property Tax.	
9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	
MADRIGAL, RAFAEL GARCIA		81	''		
2601 SW 37TH AVE		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
SUITE 903 CORAL GABLES FL 33134	·	83			
COTTAL CABLLET TE COTTA		84	City		
Pursuant to the provisions of Sections 607.0: office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obligation.	le of Florida. Such change was autho	orized by	the corpora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	
SIGNATURE				DAT	
Signature, typed or printed name of registered a			n signature requ	uired when reinstating) OAT ADDITIONS/CHANGES TO OFFICER	
12. OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	

FILED Apr 01, 1999 8:00 am Secretary of State

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JS							16/1974	ted or Qualified			
2. Principal Pl	ace of Business	2a. Mailing Address					Number			- $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	Applied For
		26 260/50 3	37 1	AUC		59-	1549592	2		T	Not Applicable
Suite, Apt.	#, etc.	Suite, Apr. #, etc.				Ī		atus Desired		-	Additional Required
2		27 Ote 903	, 		<u> </u>						
City & State	—	City & State 28 MIQMI	F	_			ction Campa st Fund Cor	aign Financing ntribution			0 May Be d to Fees
Zip	Country	Zip	Cour		<u> </u>	8. This	corporatio	n owes the curi	rent year Int	angible	
ו	25	29 33/33 30	MI	amı l	Jack	Pers	sonal Prope	erty Tax.		XX Yes	□No
<u> </u>	9. Name and Address of Current F	Registered Agent				10. Nar	ne and Ad	dress of New I	Registered .	Agent	
2601	Rigal, Rafael Garcia SW 37th Ave E 903			81 Name 82 Stree 83		ss (P.O. f	Box Numbe	r is Not Accept	able)		
	AL GABLES FL 33134		l								
5511				84 City					FL	85 Zig	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	, the at	ove-name	d corpor	ration sub	mits this st	atement for the	purpose of	changing i	its registered
office or re	egistered agent, or both, in the State of maniliar with, and accept the obligation	Florida. Such change was autr	nonzed	by the cor	poration	's board	of directors	. I hereby accer	pt the appoi	ntment as	registered
SIGNATURE				Acent signatur	n roquired :	udan rainetat	ina)		DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Ağanı sığı katılı	o required v			ANGES TO OF		ID DIREC	TORS IN 12
12.		DELETE	1.1 TIT		<u> </u>	700	10143/011		. IOLINO AII	▼ Chang	
TILE	PD BAEAEL CARCIA		1.2 NA							7	
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STREET ADDRESS	4950 SW 8TH ST., STE 302	•		REET ADDRES	1	سد ورز	F	درجح	3		•
CITY-ST-ZIP	CORAL GABLES FL			Y-ST-ZIP	111	14 m	FU	- 510	·	Change	e Addition
mre		☐ DELETE	2.1 ΠΤ								
VAME			2.2 NA								.
STREET ADDRESS			1	REET ADDRES	s						(
CITY-ST-ZIP	* **			TY-ST-ZIP			-3	<u> </u>	=	- Chass	a D Addition
ITTLE		☐ DELETE	3.1 TIT							☐ Chang	e 🔲 Addition
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IITLE		☐ DELETE	4.1 TIT	LE						Chang	e Addition
NAME			4. 2 N	ME							
STREET ADDRESS	·		4.3 ST	REET ADDRES	s						
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP							
ITILE	, 10 to 10 T	☐ DELETE	5.1 TIT	LE						Chang	e 🔲 Addition
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STREET ADDRESS	•		5.3 ST	REET ADDRES	s					'	
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VAME			6.2 NA	ME						•	
STREET ADDRESS	`		6.3 ST	REET ADDRES	s						
CITY-ST-7IP			6.4 CII	Y-ST-ZIP							
.iiY-SI-ZIP İ			J		1			_			

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.

SIGNATURE: