

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 # 462028

1. Corporation Name

ROBERTO SANTA-CRUZ, M.D., P.A.

Principal Place of Business
18821 WEST OAKMONT DRIVE
HIALEAH FL 33015

Mailing Address
18821 WEST OAKMONT DRIVE
HIALEAH FL 33015

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90016 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1974

4. FEI Number
59-1551520

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

2a. Mailing Address

21 14807 Balgowan Rd.

26 14807 Balgowan Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #102

27 #102

City & State

City & State

23 Miami Lakes FL

28 Miami Lakes FL

Zip

Zip

24 33016

29 33016

Country

Country

25 US

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANTA-CRUZ, ROBERTO M.D.
18821 WEST OAKMONT DR.
HIALEAH FLORIDA 33015

81 Name

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

14807 Balgowan Rd

83 #102

84 City

Miami Lakes

FL

85 Zip Code

33016

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SANTA CRUZ, ROBERTO
STREET ADDRESS 18821 WEST OAKMONT DRIVE
CITY-ST-ZIP HIALEAH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 14807 Balgowan Rd #102
1.4 CITY-ST-ZIP Miami Lakes, FL 33016

TITLE SEC
NAME SANTA CRUZ, DENISE
STREET ADDRESS 18821 WEST OAKMONT DRIVE
CITY-ST-ZIP HIALEAH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 14807 Balgowan Rd. #102
2.4 CITY-ST-ZIP Miami Lakes, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99. 305-825-1100

Date

Daytime Phone #

CR2F034 (11/98)