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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90009 032 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 490861

1. Corporation Name

MANUEL PEREZ-ESPINOSA, M.D., PROFESSIONAL ASSOCIATION

Principal Place	e of Rusiness	Mailing Address			-				
5340 SW 59 A		5340 SW 59 AVE.							
MIAMI FL 3315		MIAMI FL 33155							
					'DO NOT WR	RITE IN THIS SPA	ACE		
					3. Date Incorporated or Qualifed 02/17/1976	1			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	• • •	Ap	plied For	č
21		26			59-1645484		No	t Applicable	2
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	*		Additional	•
22		27			o. Octahoda o otahod o o		Fee Re	equired	بندد
City & State	е	City & State			6. Election Campaign Financing	' _	\$5.00		
23		28			Trust Fund Contribution		Added t	to Fees	
Zip	Country	Zip	_ Country	•	8. This corporation owes the cu	· · <u>-</u>			
24	25	29 3	0		Personal Property Tax.			□No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registered Age	<u> </u>		
PER	EZ-ESPINOSA, MANUEL		[0]	Ivanic	· ·				
	O SW 59 AVE.		82	Street Addre	ess (P.O. Box Number is Not Accep	table)			
	MI FL 33155		83		ラウス Milita Kit. (4) - 第1 元 コンド 19 57 48 元 - 127 68	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	2015 1.5 c	e. eta 4 - a i a a e. Alem eleta 1834	
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			84	City		E1 8	5 Zip (Code	
ţ .		·		<u> </u>		<u> </u>			
- office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	f Florida. Suich change was auf	horized by	the corporation	pration submits this statement for the n's board of directors. I hereby acce	e purpose or cha ept the appointme	nging its ent as re	gistered ·	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	•			•	•	
SIGNATURE		WOTE I			when reinstating)	DATE .		· ·	
	Signature, typed or printed name of registered agent	and the it appricable. (NOTE, R	redisteren witer	it signature required					
72	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND D	IRECTO	R\$ IN 12	Š
12	OFFICERS AND		13.		ADDITIONS/CHANGES TO O		IRECTO Change	PR\$ IN 12 ☐ Addition	(,,,
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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: Manuel Pare Laprice Proces 1 1-10 99 (305) 444 4520