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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 491982 1. Corporation Name

FERRAN & FERRAN, M.D., P.A.

Principal Place	a of Rusiness	Mailing Address					DICE FINI DINIF (ligit bigit gigit	Digit Class 1885
5450 S.W. 8TH		5450 S.W. 8TH STREET							
SUITE 203	SINEEL	SUITE 203							
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRI		SPACE	
	•				3. Date Incom 12/03/19	oorated or Qualifed 975			ļ
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Numbe			Ap	oplied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Certificate of	of Status Desired			Additional
27					G. Germooto (equired
City & Stat	e · ·	City & State			i	ampaign Financing	12/		May Be
23	<u></u>	28	^		+	Contribution			to Fees
Zip	Country	Zip	Count	У	1	ration owes the cur	rent year Int	angible Yes	No
24	25 Comment		30			roperty Tax. Address of New 1	Dogletored		
	9. Name and Address of Current	vehisteten Walt	8	1 Name	iv. italile allu	Address Of Man	. radiotei 40	Spint	
DELS	SA E FERRAN M.D.								
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COR	AL GABLES FL 33134		8	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Angra Ang	13060.31
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the abo	ve-named corpo	oration submits the	is statement for the	purpose of	changing its	registered
					an's board of direc	tors. I hereby acce	nt the annoi	nimeni as re	adistered L
office or n	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute	y the corporations.	on a coura of anco	,	pt the appoi	minora as re	.9.515.55
office or n agent 1 a	im familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statute	·S.		•			
SIGNATURE	m familiar with, and accept the obligation in the control of the c	and title if applicable. (NOTE: F	da Statute Registered Ag	·S.	d when reinstating)	•	DATE		
signature 12.	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Ag	ent signature required	d when reinstating): ADDITIONS	/CHANGES TO OF	DATE	ID DIRECTO	DRS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90020 022 ***155.00