

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Santha H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 539315

(2)

1. Corporation Name:

AMAURI VALDES, M.D., P.A.

Principal Place of Business:

201 CRANDON BLVD.923
KEY BISCAYNE FL 33149

Mailing Address:

201 CRANDON BLVD.923
KEY BISCAYNE FL 33149



2. Principal Place of Business:

21 Suite, Apt., #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address:

26 Suite, Apt., #, etc.

27 City & State

28 Zip Country

3. Date Incorporation or Qualified
07/14/1977

3a. Date of Last Report
04/26/1995

4. FEI Number

59-1750289

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 has liability for intangible tax under s. 193.032,
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

VALDES, AMAURI
201 CRANDON BLVD #923
KEY BISCAYNE FL 33149

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.02(3), 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. As a condition for the corporation's being entitled to thereby accept the appointment as registered agent, I am familiar with, and I accept the obligation of, Sections 607.02(2) and 607.02(3), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

PD
VALDES, AMAURI
201 CRANDON BLVD 923
KEY BISCAYNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I, the undersigned, certify that the information supplied in this report is true and correct, and that I am an officer or director of the corporation.

15. I, the undersigned, certify that the information supplied in this report is true and correct, and that I am an officer or director of the corporation.

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SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

CR2E034 (12/95)