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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 564943 1. Corporation Name JULIO C. PITA, JR., M.D., P.A.

FILED Feb 18, 1999 8:00am Secretary of State

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Principal Plac	e of Business	Mailing	g Address						I BIBIT BIBIT BIBIT	01011 01011 1001	
3659 SO MIAMI AVE STE 6008		STE 60	3659 SO MIAMI AVE STE 6008			DO NOT W	DITE IN TH	ID SDACE			
MIAMI FL 33133 US		MIAMI I US	MIAMI FL 33133				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
00		00					01/01/1978	~			
2. Principal P	Place of Business	2a , Ma	illing Address				4, FEI Number		A	oplied For	
21		26					59-1793639			ot Applicable	
Suite, Apt. #, etc.		⊢	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional	٠
City & Stat	ά	27 Cit	y & State				O Flanting Communica Financia			equired	~
23	.c	28	y & Glaic				6. Election Campaign Financin Trust Fund Contribution	9 🗆		May Be to Fees	
Zip	Country	Zip	1	Cou	untry		8. This corporation owes the co	urrent vear I			
24	25	29		30			Personal Property Tax.		Yes	No	
	9. Name and Address of Curr	ent Registere	d Agent				10. Name and Address of Nev	v Registere	d Agent		
DITA	LULIO C ID				81	Name	•				
	I, JULIO C JR 9 S. MIAMI AVE., SUITE 6008				82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)			
	9 S. MIAMI AVE., SUITE 6008 MI FL 33133				83			9 1	er i zariak	2 (8)2 ()	
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11 Pursuant	to the provisions of Sections 607.04	502 and 607 1	508 Florida Statut	tes the a	bove		oration submits this statement for the	ne purpose (<u>► </u> of changing its	registered	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	te of Florida. S	Buch change was a	authorize	d by i	e-named corpo the corporatio	oration submits this statement for the oration submits this statement for the orations. I hereby according to the oration of t	ne purpose open the app	of changing its ointment as re	registered gistered	
office or r agent. I a	to the provisions of Sections 607.03 registered agent, or both, in the Stat im familiar with, and accept the oblig	te of Florida. S	Buch change was a	authorize	d by i	e-named corpo the corporatio	oration submits this statement for the board of directors. I hereby according to the control of	ne purpose cept the app	of changing its ointment as re	registered gistered	
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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 supplierhental 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 or the attachment with an appress, with all other like empowered.

SIGNATURE:

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99 305 854V432_ Date Dayline Phone # CR2E034 (11/98)