

564943

JULIO C. PITA, JR., M.D., P.A.

**FILED NAME CHANGE AMENDMENT ON
JANUARY 08, 1980, CHANGING FROM NOY,
PITA, & VILLA, M.D.'S, P.A. TO JOSE J. NOY
& PITA (JULIO C., JR.,) M.D.'S P.A., AND
THE ARTICLES OF AMENDMENT ARE
MISSING FROM MICROFILM.**

300307776323

MARGARET V. FREEMAN

CERTIFICATION SECTION

JANUARY 11, 2018

564943

5 N 68043

NDY (ORSE E.) & POLLO C. PIA, JR. N.D. 12. 1. 1.

Capital Stock

Preferred Stock

Filed

EXPIRES DATE

R 1/25/78

15.75
15.75
15.75
15.75

COPY	30.00
FL. USE	15.00
R. AGENT	3.00
R. COPY	15.00
TOTAL	63.00
R. BANK	
BALANCE SHEET	
REPORTS	
PHOTO COPY	

M

REF # 591731

A-1082



Secretary of State

State of Florida
Tallahassee, Florida 32304

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32304

BRUCE A. SMATHERS
SECRETARY OF STATE

F. K. ELLIOT, Director
Division of Corporations
907-188-3140

DAVID C. MACNAMARA
ASSISTANT SECRETARY OF STATE

Mr. Alfonso J. Parer
1 Biscayne Tower, Suite 1510
Miami, Florida 33131

January 9, 1978

Dear Sir:

SUBJECT: JOSE J. NOV & JULIO C. PIER, JR., M.D.'S, P.A.

DOCUMENT NUMBER 564743 effective Date January 1st, 1978

This will acknowledge receipt of the following:

1. 1 Electrical Charting \$21.00
2. 2 Articles of Incorporation filed 12/30/77
3. Amendments to Articles of Incorporation filed
4. Articles of Merger or Consolidation filed
5. Certificate of Withdrawal filed
6. Limited Partnership filed
7. Limited Partnership Annual Report filed
8. Trademark Application filed
9. Application for qualification filed if no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
10. Reinstatement filed
11. Articles of Dissolution filed
12. OTHER

ENCLOSURE

1. 1 Certified Copy (1cs)
2. Certificate(s) Under Seal
3. Photocopy(ies)
4. OTHER

MM/nc

ARTICLES OF INCORPORATION

OF

JOSE J. NOY & JULIO C. PITA, JR., M.D.'S, P.A.

THE UNDERSIGNED, subscribers to these Articles of Incorporation, natural persons competent to contract, hereby present these Articles of the formation of a corporation under the provisions of Chapter 621, Florida Statutes, also known as The Professional Service Corporation Act, and other laws of the State of Florida.

ARTICLE I

NAME

The name of the corporation is

JOSE J. NOY & JULIO C. PITA, JR., M.D.'S, P.A.

ARTICLE II

NATURE OF BUSINESS

The general nature of the business to be transacted by this corporation is:

To engage in every phase and aspect of the business of rendering the same professional services to the public that an medical doctor

duly licensed under the laws of the State of Florida, is authorized to render, but such professional services shall be rendered only through officers, employees, and agents who are duly licensed under the laws of the State of Florida to practice medicine

therein.

To invest the funds of this corporation in real estate, mortgages, stocks, bonds, or any other type of investment and to own real and personal property necessary for the rendering of professional services.

FILED
JAN 20 1971
CLERK OF CIRCUIT COURT
MIAMI, FLORIDA

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To do all and everything necessary and proper for the accomplishment of any of the purposes or the attaining of any of the objects or the furtherance of any of the purposes enumerated in these Articles of Incorporation or any amendment thereof, necessary or incidental to the protection and benefit of the corporation, and in general, either alone or in association with other corporations, firms, or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes or objects of this corporation.

The foregoing paragraphs shall be construed as enumerating both objects and purposes of this corporation; and it is hereby expressly provided that the foregoing enumeration of specific purposes shall not be held to limit or restrict in any manner the purposes of this corporation otherwise permitted by law.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a par value of \$ 1.00 per share. None of the shares of this corporation may be issued to anyone other than an individual duly licensed to practice medicine in the State of Florida.

ARTICLE IV

TERM OF EXISTENCE

This corporation is to exist perpetually, unless sooner dissolved according to law, and shall begin its existence on January 1, 1978.

ARTICLE V

ADDRESS

The initial post office address of the principal office of this corporation in the State of Florida is Mercy Professional Building, Suite 102, 3661 S. Miami Avenue, Miami, Florida 33133. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

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ARTICLE VI

DIRECTORS

This Corporation shall have two (2) Director(s) initially. The number of Directors may be increased or diminished from time to time, by by-laws adopted by the Stockholders, but shall never be less than one (1). If required by the ethics of the professions, Directors shall be required to possess the same professional qualifications as shareholders are required to possess.

ARTICLE VII

INITIAL DIRECTORS, INITIAL REGISTERED OFFICE & AGENT

This street address of the initial registered office of this Corporation Mercy Professional Building Suite 102, 3661 South Miami Avenue, Miami, Fla., 33133, and the name of the initial registered agent of this Corporation at that address is Jose J. Nov, 3611 South Miami Avenue, Miami, Florida 33133

The names and post office addresses of the members of the first Board of Directors are:

<u>NAME</u>	<u>ADDRESS</u>
JOSE J. NOV	3661 So. Miami Avenue Miami, Florida 33133
JULIO C. PITA, JR.	3661 So. Miami Avenue Miami, Florida 33133

ARTICLE VIII

SUBSCRIBERS

The names and post office addresses of the subscribers of these Articles of Incorporation are:

<u>NAME</u>	<u>ADDRESS</u>
JOSE J. NOV	3661 So. Miami Avenue Miami, Florida 33133
JULIO C. PITA, JR.	3661 So. Miami Avenue Miami, Florida 33133

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ARTICLE IX
VOTING TRUSTS

No shareholder of this corporation shall enter into a voting trust agreement or any other type of agreement vesting in another person the authority to exercise the voting power of any or all of his shares.

ARTICLE X
CUMULATIVE VOTING FOR DIRECTORS

At all elections of Directors of this corporation, each stockholder shall be entitled to as many votes as shall equal the number of votes which (except for these provisions as to cumulative voting) he would be entitled to cast for the election of Directors with respect to his shares of stock multiplied by the number of Directors to be elected, and he may cast all such votes for a single Director, or may distribute them among the number to be voted for, or any two or more of them, as he may see fit.

ARTICLE XI
CONTRACTS

No contract or other transaction between this corporation and any other corporation shall be affected by the fact that any Director of this corporation is interested in, or is a Director or officer of, such other corporation, and any Director, individually or jointly, may be a party to, or may be interested in, any contract or transaction of this corporation or in which this corporation is interested, and no contract, or other transaction of this corporation with any person, firm or corporation, shall be affected by the fact that any Director of this corporation is a party in any way connected with such person, firm, or corporation, and every person who may become a Director of this corporation is hereby relieved from any liability that might otherwise exist from contracting with this corporation for the benefit of himself or any firm, association, or corporation in which he may be in any way interested.

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ARTICLE XII

REMOVAL OF DIRECTORS

Any Director of this corporation may be removed at any annual or special meeting of the Stockholders by the same vote as that required to elect a Director.

ARTICLE XIII

RESTRAINT ON ALIENATION OF SHARES

The Shareholders of this corporation shall have the power to include in the By-laws, adopted by a majority of the shareholders of this corporation, any regulatory or restrictive provisions regarding the proposed sale, transfer, or other disposition of any of the outstanding shares of this corporation by any of its shareholders, or in the event of the death of any of its shareholders. The manner and form, as well as relevant terms, conditions, and details hereof, shall be determined by the shareholders of this corporation; provided however that such regulatory or restrictive provisions shall not affect the rights of third parties without actual notice thereof unless existence of such provisions shall be plainly written upon the certificate evidencing the ownership of such stock. No shareholder of this corporation may sell or transfer his shares therein except to another individual who is eligible to be a shareholder of this corporation. If any shareholder becomes legally disqualified to practice medicine in the State of Florida, or is elected to a public office, or accepts employment that places restrictions or limitations upon his continuous rendering of such professional services, such shareholder's shares shall immediately become subject to purchase by this corporation in accordance with the by-laws adopted by the shareholders.

ARTICLE XIV

ADDITIONAL CORPORATE POWERS

In furtherance and not in limitation of the general powers conferred by the laws of the State of Florida and of the purposes

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and objects hereinabove stated, this corporation shall have all and singular the following powers:

This corporation shall have the power to enter into, or become a partner in, any arrangement for sharing profits, union of interest, or cooperation, joint venture or otherwise, with any person, firm, or corporation to carry on any business which this corporation has the direct or incidental authority to pursue.

This corporation shall have the power to deny to the holders of the common stock of this corporation any pre-emptive right to purchase or subscribe to any new issues of any type stock of this corporation, and no shareholder shall have any pre-emptive right to subscribe to any such stock.

This corporation shall have the power, at its option, to purchase and acquire any and all of its shares owned and held by any such shareholder as should desire to sell, transfer, or otherwise dispose of his shares, in accordance with the By-Laws adopted by the shareholders of this corporation setting forth the terms and conditions of such purchases; provided, however, the capital of this corporation is not impaired.

This corporation shall have the power, at its option, to purchase and acquire the shares owned and held by any shareholder who dies, in accordance with the By-Laws adopted by the shareholders of this corporation setting forth the terms and conditions of such purchase; provided however, the capital of this corporation is not impaired.

This corporation shall have the power to enter into, for the benefit of its employees, one or more of the following:

- 1) a pension plan,
- 2) a profit sharing plan, if such a plan is not otherwise prohibited by the Code of Ethics of the Profession,
- 3) a stock bonus plan,
- 4) a thrift and savings plan,
- 5) a restricted stock option plan,
- 6) medical reimbursement plan or
- 7) other retirement or incentive compensation plans.

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ARTICLE XV
AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the Directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made. All rights of a stockholder are subject to this reservation.

ARTICLE XVI
PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price which it is offered to others.

A-1082

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 27th day of December, 1977.

Jose Noy
Julio C. Pita, Jr.

STATE OF FLORIDA, SS:
COUNTY OF DADE:

BEFORE ME, the undersigned authority, personally appeared Jose Noy & Julio C. Pita, Jr. to me well known and known to me to be the individual(s) described in, and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed the same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto affixed my hand and official seal at Miami, Dade County, Florida, this 27th day of December, 1977.

Alfred...
NOTARY PUBLIC,
STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES DEC 7 1980
FORWARD THIS CERTIFICATE TO THE SECRETARY

HAVING BEEN NAMED to accept service of process for the above named corporation, at place designated in these Articles, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to keeping open said office.

By: *Jose Noy*
REGISTERED AGENT

A-1082

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48,001, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT Jose J. Noy and Julio C. Pita, Jr., M.D.'s, P.A.
(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT Miami
(CITY)

STATE OF Florida HAS NAMED Jose J. Noy
(STATE) (NAME OF RESIDENT AGENT)

LOCATED AT 3661 So. Miami Ave., Miami, Florida 33133
(STREET ADDRESS AND NUMBER OF BUILDINGS, POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE)

CITY OF Miami, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT
(CITY)

SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE Julio C. Pita, Jr.
(CORPORATE OFFICER)
Julio C. Pita, Jr.
TITLE Vice President

DATE 12. 28. 77

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE Jose J. Noy
(RESIDENT AGENT)

DATE 12. 28. 77

A M E N D M E N T

Word Processsing: November 30, 1978 By: cj

Updating: 12/15/78 By: Dme

A notification letter was mailed to: Angelo P. Demos, Esq.
Suite 1910, One Biscayne Tower
Miami, Fla. 33131 Addressed to: Mr. Demos

changing corporate name from JOSE J. NOY & JULIO C. PITA, JR., MD's
P.A.

TO: NOY, PITA, & VILLA, N.D.'s, P.A.

Filing date: November 28, 1978

Remittance totaling \$ 30.00

Charter Number: 564943

Enclosure(s)

564943

TELEGRAM

Name Change

ANGELO P. DEMOS, P.A.

SUITE 1910, ONE BISCAYNE TOWER • MIAMI, FLORIDA 33131
PHONE (305) 379-4529

MESSAGE

To Secretary of State
Tallahassee, Fl
Attention:
Corporations Div.

DATE November 16, 1978
SUBJECT Noy, Pita, M.D'S, P.A.
AMENDMENT

Dear Sir:

70-78-2 151500****15.0
70-78-2 151400****15.0

Kindly file the enclosed First Amendment to Articles of Incorporation for which check enclosed and return a certified copy of same to this office.

Very truly yours,

SIGNED *Angelo P. Demos*
ANGELO P. DEMOS

REPLY

PRIVILEGE TAX	
O. TAX	
FILING	1.5
C. COPY	1.5
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	3.0
BALANCE DUE	

DATE *11-16-78*

COPIES

FILED
NOV 28 3 25 AM '78
TALLAHASSEE, FLORIDA

SIGNED

name change

DEMOS, NILES & PEREZ
PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

ANGELO P. DEMOS
MARSHA PALMER NILES
ALFONSO J. PEREZ

TELEPHONE (305) 379-4529
SUITE 1910, ONE BISCAYNE TOWER
FLAGLER STREET AT BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

October 11, 1978

Secretary of State
401 N.W. 2nd Avenue
Suite 770
Miami, Florida

JL

NOV 21 9 22 AM '78
RECEIVED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Re: JOSE J. NOY & JULIO C. PITA, JR., MD's, P.A.
Our File No. 77-4629

Gentlemen:

Enclosed please find original and one copy of the First Amendment to the Articles of Incorporation of the above captioned professional association, along with our check in the amount of \$30.00 representing filing fee and the cost for a certified copy. Also enclosed is a stamped self addressed envelope for your convenience.

Thank you for your cooperation.

Very truly yours,

Angelo P. Demos

ANGELO P. DEMOS

APD/mgm

Enclosure



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

October 23, 1978

FILED
Nov 28 9 23 AM '78
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE

F. R. RITTER, DIRECTOR
DIVISION OF CORPORATIONS

ASSISTANT SECRETARY OF STATE

Darios, Niles & Perez, P.A.
Suite 1910, One Biscayne Tower
Miami, Florida 33131

Telephone: 904/488-9020
488-9020

SUBJECT: JOSE J. NOY & JULIO C. PITA, JR., MD'S, P.A. - Amendment

RETURNED XX PENDING _____ CHECK ACKNOWLEDGED Returned

1. _____ Name is not available.
2. XX Balance Due: \$30.00
3. _____ The president or vice president must sign and their signature must be acknowledged (notarized).
4. _____ The secretary or assistant secretary must sign.
5. _____ A list of officers and directors with addresses must be included.
6. _____ Notary public's acknowledgment is incomplete.
7. XX The date of adoption by the shareholders must be included.
8. _____ The effective date cannot be prior to the date filed in this office unless it clearly states "for accounting purposes only."
9. _____ The attached corporation report must be completed and returned.
10. _____ The document must include a statement that all debts, obligations and liabilities of the corporation have been paid or discharged.
11. _____ The document must include a statement that all remaining property and assets of the corporation have been distributed among its shareholders or that no property remained for distribution.
12. _____ The document must include a statement that there are no actions pending against the corporation in any court.
13. _____ A copy of the written consent of all shareholders must be submitted together with a statement that all shareholders have signed the consent to dissolve.
14. _____ The above corporation has been dissolved for failing to file annual reports.
15. _____ If you wish to voluntarily dissolve the corporation, you must reinstate and then file your dissolution. Please contact us if you wish to do this.
16. _____

/mg

A-1

FIRST AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF

JOSE J. NOY & JULIO C. PITA, JR., MD's, P.A.

Pursuant to the provisions of Section 607.181 of the Florida General Corporation Act, the undersigned corporation adopts the following Amendment to its Articles of Incorporation:

Article I of the First Amendment to the Articles of Incorporation is amended to read as follows:

ARTICLE I.

1. The name of the corporation is:

NOY, PITA, & VILLA, M.D.'s, P.A.

The foregoing first amendment was adopted unanimously on September 30, 1978 by the Directors and stockholders of the corporation.

NOY, PITA & VILLA, M.D.'S, P.A.

By Jose J. Noy, Jr.
Jose J. Noy, Jr., President

and Julio C. Pita, Jr.
Julio C. Pita, Jr., Secretary

FILED
NOV 28 3 21 PM '78
CORPORATION
TALLAHASSEE, FLORIDA

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1979

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE.

DO NOT WRITE IN THIS SPACE
PROCESSED
AND
FILED
15 1 12 AM '79
FLORIDA DEPARTMENT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office:
 564943 NOY, PITA, VILLA, M.D.'S, P.A.
 NYO, PITA, VILLA, M.D.'S, P.A.
 MERCY PROFESSIONAL BUILDING
 3661 S. MIAMI AVE. SUITE 102
 MIAMI, FL. 33133

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.
 Street Address _____
 P.O. Box No. _____
 City _____
 State _____ Zip Code _____

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida: 1/1/78
 4. Federal Employer Identification Number (FEIN): 59-1793039
 5. Date of Last Report: _____

6. Names and Street Addresses of Each Officer and Director:
 3661 S. Miami Ave., Suite 102, Miami, Fla. 33133

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Jose J. Noy	Pres.	4612 S.W. 127 Ct.	Miami, Fla.
Julio C. Pita, Jr.	V-P.	7260 S.W. 132 St.	Miami, Fla.
Luis Villa	Treas.	1235 Catalonia Ave.	Miami, Fla.

7. Registered Agent Information

Name Julio C. Pita, Jr. Street Address (Do NOT Use P.O. Box Number) 3661 S. Miami Ave., #102 City, State and Zip Code Miami, Fla. 33133	If you wish to change Registered Agent on this form, enter all new information below. Name _____ Street Address (Do NOT Use P.O. Box Number) _____ City, State and Zip Code _____
--	--

8. See signature restrictions under instructions on reverse side of this form.
 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

DO NOT WRITE IN THIS SPACE

Typed Name of Signing Officer: Julio C. Pita, Jr. Title: M.D. Vice President Telephone Number: 854-5432
 Signature: [Handwritten Signature] Date: 1/25/79

FILED

Dec 31 2 49 PM '80

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LETTER & CUS Sent

On 2-11-81

REINSTATEMENT

FILED 12/31/80

INVOLUNTARILY
DISSOLVED 12/2/80


Jose S. Noy + Julio C. Pita, Jr.,
M.D.'s, P.A.

- REINSTATEMENT 15
- CUS
- 72 Privilege Tax
- 73 Annual Report
- 74 Annual Report
- 75 Annual Report
- 76 Annual Report
- 77 Annual Report
- 78 Annual Report
- 79 Annual Report
- 80 Annual Report 10
- 81 Annual Report
- TOTAL 35
- Bal. Due
- Refund

[Handwritten signature]
12/3/80

564943

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

<p>CORPORATION ANNUAL REPORT</p>  <p>1980</p> <p>THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p>DO NOT WRITE IN THIS SPACE</p> <p>FILED</p> <p>Dec 31 2 49 PM '80</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office 364943 (INC 3) / (Suite 102) NOY PITA MDS PA 3661 S MIAMI AVE (SUITE 102) MIAMI, FLORIDA 33133</p> <p>If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
--	---

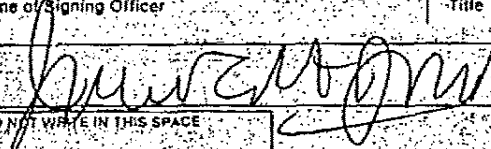
<p>3. Date Incorporated or Qualified To Do Business in Florida 1/1/78</p>	<p>4. Federal Employer Identification Number (FEIN) 81-1793639</p>	<p>5. Date of Last Report 7/79</p>
---	--	--

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
JOSE J. NOY	P	4612 SW 127 CT	MIAMI, FL
JULIO C. PITA JR	VP	7260 SW 132 ST	MIAMI, FL

<p>7. Registered Agent Information</p> <p>Name JULIO C. PITA JR</p> <p>Street Address (Do NOT Use P.O. Box Number) 7260 S MIAMI AVE STE 102</p> <p>State and Zip Code MIAMI, FLA 33133</p>	<p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p>
--	--

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

<p>Typed Name of Signing Officer Julio C. Pita Jr</p>	<p>Title VP</p>	<p>Telephone Number (305) 854-432</p>	<p>Date 1/2/81</p>
<p>Signature </p>		<p>DO NOT WRITE IN THIS SPACE</p>	

FILED
DEC 31 2 50 PM '80
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS
CERTIFICATE OF INVOLUNTARY DISSOLUTION
December 8, 1980

Your corporation having been notified 90 days ago is hereby involuntarily dissolved for failure to file the 1980 annual report as required by Chapter 607.271 Florida statutes. The requirements of Chapter 607.271 having been met, this corporation is hereby involuntarily dissolved. This corporation may be reinstated by filing an annual report, paying the \$10 fee for 1980, and a \$15 reinstatement fee (TOTAL \$25). For further information write: REINSTATEMENTS, DIVISION OF CORPORATIONS, THE CAPITOL, TALLAHASSEE, FLORIDA 32301.



GIVEN under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capitol, this the 8th day of December, 1980.

A handwritten signature in dark ink, appearing to read "George Firestone".

George Firestone, Secretary of State

FILED
Dec 31 2:50 PM '80
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
ANNUAL REPORT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA
32301

First Class Mail
U.S. POSTAGE
Paid One Ounce
Permit No. 88

564943
NOY (JOSE J.) & PITA (JULIO C., JR.)
MERCY PROFESSIONAL BUILDING
3651 S. MIAMI AVE., SUITE 102
MIAMI, FL. 33133

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George F. Thompson
Secretary of State
OFFICE OF CORPORATIONS

FILED

AUG 28 1 37 PM '81

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1981

THIS REPORT MUST BE ACCOMPANIED BY A FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Registered Address of Corporation (Editorial Office) **564943**

2. Enter Change of Address of Corporation (Principal Office, P.O. Box Number, Alpha is NOT Sufficient) Since Address

3. P.O. Box No.

4. City

5. State

6. Zip Code

7. If above address is incorrect in any way, enter the correct address in Item 2. Please Use Zip Code.

8. Date Incorporated or Qualified To Do Business in Florida **1-01-75**

9. Federal Employer Identification Number (EIN) **54-1793639**

10. Date of Last Report **12-31-80**

11. Names and Street Addresses of Each Officer and Director

Name of Officer and Director	Title	Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers)	City and State
<i>Jose T. May</i>	<i>P</i>	<i>4612 S.W. 107th Ct</i>	<i>Miami, Fla</i>
<i>Jose C. Pita</i>	<i>V</i>	<i>7240 S.W. 134th St</i>	<i>Miami, Fla</i>

12. Registered Agent Information

Name: *Jose C. Pita Jr.*

Street Address (Do NOT Use P.O. Box Number): *3661 S. Miami Ave #102*

City, State and Zip Code: *Miami, 33133*

To change the Registered Agent and/or Registered Office a separate statement, signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.

DAB 8/21

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

13. Name of Signing Officer: *Secretary*

14. Title: *Secretary*

15. Telephone Number: *564-5432*

16. Signature: *[Handwritten Signature]*

17. Date: *8/4/81*

18. File Number: *564943*

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1982

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Read Notice
Filing Fee of \$10

File Before Making Entries
Payable To: Secretary of State

56494
NOY (JOSE J.) & PITA
MERCY PROFESSIONAL P
3661 S. MIAMI AVE.
MIAMI, FL.

01/01/1978

59-1793639

08/27/1981

NOY, JOSE J.
PITA, JULIO C., JR.

P
V
9612 S.W. 127TH CT.
7260 S.W. 122ND ST.

MIAMI, FL.
MIAMI, FL.

Registered Agent Information

PITA, JULIO C., JR.
3661 S. MIAMI AVE. #102
MIAMI, FL.

\$3.00 additional fee required for Registered Agent changes.

Julio C. Pita

4/1/82

LAW OFFICES
SPARBER, SHEVIN, ROSEN, SHAPO & HEILBRONNER
 PROFESSIONAL ASSOCIATION

CHARLES A. CITRIN
 EDWARD HEILBRONNER
 JOEL J. KARP
 BARRY KUTON
 GERALD S. LESHER
 MARVIN S. ROSEN
 HOWARD E. ROSKIN
 RONALD A. SHAPO
 ARNOLD D. SHEVIN
 JEROME H. SHEVIN
 ROBERT L. SHEVIN
 DYRON L. SPARBER
 SETH STOPECK
 NORMAN S. WEIDER
 JEFFREY M. WEISSMAN

CYNTHIA G.T. ALLEN
 I. BARRY BLAXBERG
 RICHARD I. BLUNDERMAN
 JOSE A. BOLANOS
 RONALD L. BOOK
 MARSHALL R. BURACK
 DAVID H. CHARLIF
 BART L. COHEN
 ALAN J. FRIEDMAN
 LENARD H. GORMAN
 DAVID A. GUNTER
 STEVEN H. HAGER
 KENNETH M. KIDD, JR.
 D. JUSTIN NILES
 GARY S. PHILLIPS

LAWRENCE M. PLOUCHA
 MARSHA C. ROSEN
 ELAINE DOYLE ROSEMOND
 ROBERT L. RUBIN
 GREGG S. TRUXTON

11TH FLOOR AMERIFIRST BUILDING
 ONE SOUTHEAST THIRD AVENUE
 MIAMI, FLORIDA 33131
 TELEPHONE (305) 358-7990
 FORT LAUDERDALE 524-0209
 NORTH BROWARD 781-0521
 CABLE: INTERAX
 TELEX 51-9337
 PALM BEACH OFFICE
 189 BRADLEY PLACE
 PALM BEACH, FLORIDA 33480
 TELEPHONE (305) 658-3003
 REPLY TO: MIAMI OFFICE

564943

November 19, 1982

Corporate Records Bureau
 Division of Corporations
 Department of State
 P.O. Box 6327
 Tallahassee, FL 32301

005 2301 11/22/82 15.00 J2
 005 2301 11/22/82 15.00 6
 005 2301 11/22/82 30.00 TL

Re: JOSE J. NOY & JULIO C. PITA, JR.,
M.D.'S, P.A.

Gentlemen:

Enclosed are an original and one copy of Articles of Amendment of the captioned corporation, changing its name to JULIO C. PITA, JR., M.D., P.A., together with a check for \$30.00 to cover the \$15.00 filing fee and the \$15.00 for a certified copy.

Please forward the certified copy to our office.

CHARTER FAY STAMP

C. TAX _____
 FILING 15
 R. AGENT FEE _____
 C. COPY 15
30
 N. BANK _____
 BALANCE DUE _____
 REFUND _____
 Pita, Jr., M.D.

Sincerely,

L.M. Ploucha
 L.M. Ploucha
 For the Firm

name change

Name	Availability	11/22/82
Document	Examiner	LT
Upd. Car	Updater	LMP: sy/1
Verify	Verify	THP
W. P. Verucci		

ARTICLES OF AMENDMENT OF

JOSE J. NOY & JULIO C. PITA, JR., M.D.'S, P.A.

FILED
NOV 20 1982

ITEM I.

Article I of the Articles of Incorporation shall be amended to read JULIO C. PITA, JR., M.D., P.A.

ITEM II.

The foregoing Amendment was adopted by the stockholder and director of this corporation on July 1, 1982.

IN WITNESS WHEREOF, the undersigned President and Secretary of this corporation has executed these Articles of Amendment, this 10th day of November, 1982.

[Handwritten Signature]
JULIO C. PITA, JR., President and Secretary

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 10th day of November, 1982, by JULIO C. PITA, JR., President of JOSE J. NOY & JULIO C. PITA, JR., M.D.'S, P.A., a Florida corporation, on behalf of the corporation.

[Handwritten Signature]
NOTARY PUBLIC

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES NOV 25 1983
BONDED THRU GENERAL INS. UNDERWRITERS

LMP: sy/2
7/14/82

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

DATE OF FILING

FILED

JAN 25 11 00 AM 1983

Read Notice and Instructions on Other Side Before Making Entries.
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, FLORIDA

1 Name and Address of Corporation Principal Office: 564943 PITA (JULIO C.), JR., H.O., P.A. 3661 S. MIAMI AVE., SUITE 102 MIAMI, FL. 33133		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number, None is NOT Sufficient: Street Address: 3661 S. MIAMI AVE. Suite 102 P.O. Box No: MIAMI 910 City: MIAMI State: FLA Zip Code: 33133	
--	--	--	--

3. Is it incorporated or qualified to do business in Florida? 01/01/1978	4. Federal Employer Identification Number (EIN) 59-1793634	5. Date of Last Report 01/21/1982
--	--	-----------------------------------

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
NOY, JOSE J.	P	4612 S.W. 12TH CT.	MIAMI, FL.
PITA, JULIO C., JR.	W P	3661 S.W. 132ND ST. 6500 S.W. 120 ST	MIAMI, FL. MIAMI, Fla

7 Registered Agent Information	
a Name and Address of Current Registered Agent	b Name and Address of New Registered Agent
PITA, JULIO C., JR. 3661 S. MIAMI AVE. #102 910 MIAMI, FL. 33133	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organization under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature on This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature: <i>[Signature]</i>	Date: _____
Typed Name of Signing Officer: JULIO C. PITA JR. H.O.	Title: President
Telephone Number: 8575432	

RS-1 (03-1982)

CLERK

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1984



FLORIDA DEPARTMENT OF STATE
George F. Poynter
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

FEB 29 10 07 AM 1984

Read Notice and Instructions on Other Side Before Making Filing
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State, Florida

1. Name and Address of Corporation Principal Office: 564943 PITA (JULIO C.), JR., M.D., P.A. 3661 S. MIAMI AVE STE 910 MIAMI, FL 33133		7. Enter Change of Address of Corporation Principal Office, P.O. Box Number Also is NOT Sufficient	
Street Address		P.O. Box No.	
City		State	
Zip Code			

If above address is incorrect in any way, enter the correct address in Item 2 - Include Zip Code

3. Date Incorporated or Qualified to Do Business in Florida: 01/01/1978	4. Federal Employer Identification Number (FEIN): 59-1793639	5. Date of Last Report: 01/25/1983
---	--	------------------------------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1. PITA, JULIO C. JR	P	6500 SW 120TH ST	MIAMI, FL 33157

7. Name and Address of Current Registered Agent		B. Name and Address of New Registered Agent	
PITA, JULIO C JR 3661 S MIAMI AVE 910 MIAMI, FL 33133		Name	
		Street Address (Do NOT Use P.O. Box Number)	
		City, State and Zip Code	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on:

SIGNATURE: *Julio C. Pita* DATE: 1/6/84

(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature: <i>Julio C. Pita</i>	Date: 1/6/84
Typed Name of Signing Officer: Julio C. Pita	Title: President
	Telephone Number: (305) 854-5752

11. Should you desire a certificate of status check the box below and include an additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED

\$5 Additional fee required for certificates

COR 621194

FILE DATE ON OR AFTER JANUARY 1 OF INCORPORATION OR EXPIRY YEAR

CORPORATION
ANNUAL REPORT
1985



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida 32301

APPROVED
AND
FILED

Read Notice and Instructions on Other Side Before Making Entry
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation or Person or Firm
 264443
 PITA (JULIO C.), JR., M.D., P.A.
 3661 S MIAMI AVE STE 910
 MIAMI, FL 33133

3661 S. MIAMI AVE
 SUITE 1010
 MIAMI
 FL 33132

3 Date of Incorporation or Qualification To Do Business in Florida: 01/01/1976
 4 Federal Employer Identification Number: 59-1793639
 5 Date of Last Annual Report: 02/29/1984

6 Name and Street Address of Each Officer and Director, as of December 31, 1985

Name of Officers and Directors	Title	Street Address of Officer and Director (Do NOT Use Post Office Box Number)	City and State	Zip Code
PITA, JULIO C JR	P	6000 SW 120TH ST	MIAMI, FL	33156

7 Name and Address of Current Registered Agent
 PITA, JULIO C JR
 3661 S MIAMI AVE 910
 MIAMI, FL 33133

8 Name and Address of New Registered Agent
 Name:
 Street Address (Do NOT Use P.O. Box Number):
 City, State and Zip Code:

9 Pursuant to the provisions of Sections 607 034 and 607 037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
 (Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 637 F.S.
 I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
 (Officer's name must be listed in Block 6)

Signature: *Julio C. Pita Jr.* Date: 3/15/85
 Typed Name of Signing Officer: JULIO C. PITA JR. M.D. Title: President Telephone Number: (305) 8545432

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED
 \$5 additional fee required for a Certificate of Status

5
0
7
5
6
0
5
7
0
5

CR-600 (1/85)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Officer		2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient	
564943 PITA (JULIO C.), JR., M.D., P.A. 3661 S. MIAMI AVENUE SUITE 1010 MIAMI, FL 33133		Street Address 21	
If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.		P.O. Box No. 22	
		City and State 23	
		Zip Code 24	

3. Date Incorporated or Qualified To Do Business in Florida	01/01/1978	4. Federal Employer Identification Number (FEIN)	59-1793639	5. Date of Last Report	03/28/1985
---	------------	--	------------	------------------------	------------

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985				
1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	
PITA, JULIO C. JR.	P	6800 SW 120TH ST	MIAMI, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
PITA, JULIO C. JR. 3661 S MIAMI AVE 910 MIAMI, FL 33133		Name 81	
		Street Address (Do NOT Use P.O. Box Number) 82	
		City and State 83	Zip Code 84
		FL	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE *Julio C. Pita* DATE 2/25/86

\$9.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer Signing must be listed in Block 6)

Signature <u><i>Julio C. Pita</i></u>	Date <u>2/25/86</u>
Typed Name: Signing Officer	Telephone Number <u>(305) 855-4322</u>

11. Should you desire a certificate of status check the box.
CERTIFICATE OF STATUS DESIRED \$9 Additional Fee required for a Certificate of Status

CREATED (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George F. Johnson
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

564943
PITA (JULIO C.), JR., M.D., P.A.
3661 S. MIAMI AVENUE
SUITE 1010
MIAMI, FL 33133

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change or Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida 01/01/1978

4. Federal Employer Identification Number (FEIN) 59-1793639

5. Date of Last Report 03/05/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
PITA, JULIO C JR	P	6500 SW 120TH ST	MIAMI, FL 00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PITA, JULIO C JR
3661 S MIAMI AVE 910
MIAMI, FL
33133

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10. I Certify That: I Am An Officer of this Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signed must be listed in Block 6).

Signature

Date 1/27/87

Typed Name of Signing Officer JULIO C. PITA JR M.D.

Title PRESIDENT

Telephone Number 854 5432

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CRS/004 (1/86)

FILE NOW, OR THIS CORPORATION WILL BE DISSOLVED ON NOVEMBER 4, 1988

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
NOV 13 1988
FLORIDA DEPARTMENT OF STATE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required -- Make Checks Payable To: Secretary of State

1. Name and Address of Corporation, Principal Office

564943 9
PITA (JULIO C.), JR., M.D., P.A.
3661 S. MIAMI AVENUE
SUITE 1010
MIAMI, FL 33133

2. Enter Change of Address of Corporation, Principal Office, PO Box Number, None is NOT Sufficient

Street Address 21

PO Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Chartered To Be Effective in Florida: 01/01/1978

4. Federal Employer Identification Number (FEIN): 59-1793639

5. Date of Last Report: 02/06/1987

6. Name and Street Address of Chief Executive and Chairman of Board of Directors as of December 31, 1987

Name of Officers and Directors	Title	Street Address of Executive Office and Director (Do NOT Use Post Office Box Number)	City and State	Zip Code
PITA, JULIO C JR	P	6500 SW 120TH ST	MIAMI, FL	00000

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

PITA, JULIO C JR
3661 S MIAMI AVE 910
MIAMI, FL 33133

8. Name and Address of New Registered Agent

Name 81

Street Address 1-Do NOT Use PO Box Number 82

Street Address 3-Do NOT Use PO Box Number 83

City and State 84

Zip Code 85

FL

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, do hereby state that the purpose of changing its registered office or registered agent, or both, in the State of Florida, such change was authorized by resolution duly adopted by its board of directors on _____, and that the undersigned, _____, hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 FS.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first conducted business in Florida _____

See signature restrictions under instructions on reverse side of this form.

11. Certify that I am an Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. Must Certify That I understand that Signature on This Report Shall Have the Same Legal Effects as if Made Under Oath.
(Officers or Directors signing must be listed in B-6)

Signature: *Julio C. Pita Jr.* Date: 8/8/88
Title: President Telephone Number: (305) 854-2032

12. Should you desire a certificate of status check the box: CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
FILED
FEB 23 11:30

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office 564943-9 PITA (JULIO C.), JR., M.D., P.A. 3661 S. MIAMI AVENUE SUITE 6008 MIAMI, FL 33133 ZIP 4		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number, None is NOT Sufficient Street Address 21 3659 S. MIAMI AVE P.O. Box No 22 Suite 6008 City and State 23 MIAMI, FL Zip Code 24 33133	
---	--	---	--

3. Date Incorporated or Qualified To Do Business in Florida 01/01/1978	4. Federal Employer Identification Number (EIN) 59-1793639	5. Date of Last Filing 08/19/1988
---	---	--------------------------------------

6. Name and Street Address of Each Officer and Director as of December 31, 1988				
1. Title	2. Name of Officers and Directors	3. Street Address of Each Office and Director (DO NOT use Post Office Box Numbers)	4. City and State	5. Zip Code
P	PITA, JULIO C JR	6500 SW 120TH ST	MIAMI, FL	00000

7. Name and Address of Current Registered Agent PITA, JULIO C JR 3661 S MIAMI AVE 910 MIAMI, FL 33133 <i>See above</i>		8. Street Address 1 (DO NOT use P.O. Box Numbers) Street Address 2 (DO NOT use P.O. Box Numbers) City and State 33 FL Zip Code 34
--	--	---

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, do hereby certify that the purpose of creating its registered office or registered agent, or both, in the State of Florida, both of which were authorized by resolution duly adopted by its board of directors, and I, hereby accept the office and terms of registration as an officer or director of the corporation, and acknowledge the provisions of Section 607.035 FS.

SIGNATURE: *[Signature]* DATE: 2/6/89

10. If a type-on corporation, state the name and address in Florida	11. I Certify That I Am An Officer or Director of the Corporation, the President or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Duress. (Officer or Director Signing must be listed on Form 6)
Signature: <i>[Signature]</i> Typed Name of Secretary, Officer or Director JULIO C. PITA, JR., M.D. President	Date: 2-6-89 Telephone Number: (305) 854-5432

12. Should you desire a certificate of status, check the box CERTIFICATE OF STATUS DESIRED \$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FW-831

APPROVED
FL DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation. **DOCUMENT # 564943 (9)**
ZIP + 4 PRESORT
JULIO C. PITA, JR., M.D., P.A.
3659 S. MIAMI AVE., SUITE 600B
SUITE 1010
MIAMI, FL 33133-4255

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address
 22 P.O. Box No.
 23 City and State
 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **01/01/1978** 4. FEI Number: **59-1793639** 5. **\$8.75 Additional Fee required for a Certificate of Status**

FEI Number Applied For: _____ FEI Number Not Applicable: _____
 CERTIFICATE OF STATUS DESIRED

B. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2	3	4
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
P	PITA, JULIO C JR	6500 SW 120TH ST	MIAMI, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent:
PITA, JULIO C JR
3659 S. MIAMI AVE., SUITE 600B
MIAMI, FL 33133

B. Name and Address of New Registered Agent:

81 Name	85 Zip Code
82 Street Address 1 (Do NOT Use P.O. Box Number)	
83 Street Address 2 (Do NOT Use P.O. Box Number)	
84 City	FL

9. 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 _____ DATE _____
 (Registered Agent Accepting Appointment)

10. I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE *[Signature]* DATE **5/3/91**

Typed Name of Signing Officer or Director: **JULIO C. PITA, JR. M.D.** Title: **President** Telephone Number (Daytime): **(305) 854-4321**

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST *01/90*

CORPORATION
B-0188
ANNUAL REPORT C
1992
02/20/92



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FEB 20 1992

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT # 564943 (9)**
JULIO C. PITA, JR., M.D., P.A.
3659 S. MIAMI AVE., SUITE 600B
SUITE 1010
MIAMI FL 33133-4229

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The HOME of the corporation can be changed only by filing an amendment.

21 Mailing Address
22 P.O. Box No.
23 City and State
24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: **01/01/1978**

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2

4a. Date of Last Report: **05/08/1991**
4. FEI Number: **59-1793639**
FEI Number Applied For: **\$8.75 Additional Fee required for a Certificate of Status**
FEI Number Not Applicable: **CERTIFICATE OF STATUS DESIRED**

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Number)	4. City and State
P	PITA, JULIO C JR	6500 SW 120TH ST	MIAMI, FL

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

81 Name	
82 Street Address (Do NOT Use P.O. Box Number)	
83 Street Address 2 (Do NOT Use P.O. Box Number)	
84 City	FL
85 Zip Code	

9. Pursuant to the provisions of Sections 607.0502 and 607.1503 or Sections 617.0502 and 617.1503, 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 statement was approved 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

10. This corporation has liability for filing the tax under S. 199.032, Florida Statutes. Yes No (See other side for instructions on filing tax.)

11. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that I am a duly elected and qualified officer or director of the corporation. I am a resident of the State of Florida and have the same legal status as I make in the state. I further certify that I am an officer or director of the corporation and the receiver or trustee of the corporation is not a receiver or trustee of the corporation under Chapter 607 or Chapter 617, Florida Statutes, and that I am not a receiver or trustee of the corporation.

SIGNATURE: *[Signature]* DATE: **2/10/92**

Typed Name of Signing Officer or Director: **JULIO C. PITA JR. M.D.** Title: **President** Telephone Number, District: **(305) 8767452**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

File Now: Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FORM 1.1

TALLAHASSEE, FL
32309

1. NAME AND ADDRESS OF REGISTERED AGENT
JULIO C. PITA, JR., M.D., P.A.
3659 S MIAMI AVE STE 8008
MIAMI FL 33133

DOCUMENT # 564943 (9)

3. DATE OF PREVIOUS REPORT
01/01/1978

33. REPORT LAST DUE
02/20/1992

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FILING STATE
591793639

2. MAILING ADDRESS
31. State
32. City & State

5. CORPORATION TYPE
6. INCORPORATED IN
7. RECEIVED A STATE
8. THE CORPORATION HAS A
10. Name and Address of New Registered Agent

26. Principal Place of Business
27. State
28. City & State

9. Name and Address of Current Registered Agent

24. State
25. City
29. State
30. City

9. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent
PITA, JULIO C JR
3659 S MIAMI AVE., SUITE 8008
MIAMI FL 33133

9. Name and Address of Current Registered Agent

11. Description of the business of the corporation

9. Name and Address of Current Registered Agent

12. OFFICE OF THE REGISTERED AGENT
P
PITA, JULIO C JR
6500 SW 120TH ST
MIAMI FL

9. Name and Address of Current Registered Agent

13. OFFICE OF THE REGISTERED AGENT

9. Name and Address of Current Registered Agent

14. Signature of the registered agent
SIGNATURE *Julio C Pita Jr*
Julio C Pita Jr, M.D., P.A. President

9. Name and Address of Current Registered Agent

