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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

571198 **DOCUMENT #** 

(1)

1. Corporation Name

ALIRIO ROJAS, M.D., P.A.

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Principal Place c 800 E. CYPRE SUITE 300	SS CK. RD.	Mailing Address 800 E. CYPRESS CK. I SUITE 300 FT. LAUDERDALE FL 3						
FT. LAUDERDALE FL 33334		FI. ENUDERDACE PE S	NJOH		<ol> <li>Date Incorporated or Qualified 05/08/1978</li> </ol>	3a. Date of 03/3	Last Re 31/199	port 5
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	<u> </u>	A	pplied For
<u>[</u> ]		26			59-1871983			lot Applicable
Suite, Apt. #.	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>-</b>	Additional Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Country	Zip	Coul	ntry	8. This corporation has liability for i	intangible tax u	under s	199.032
	25	29	30			□ No		
	9. Name and Address of Curre	ent Registered Agent		64 N	10. Name and Address of New R	Registered Ag	ent	
00140	AL IDIO			81 Name				
ROJAS, A	alihiu :YPRESS CREEK RD.			82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
SUITE 30			ŀ	83				
	DERDALE FL 33334			84 City			85 Zıç	Code
				'   ' '		FL		
or registere familiar with	o the provisions of Sections 607.05 ad agent, or both, in the State of Flo n, and accept the obligations of, Se	ction 607.0505, Florida Statutes	6.			DATE		
or registere familiar with SIGNATURE	n, and accept the obligations of, Se	otion 607.0505, Florida Statutes  at aud the it applicable (NC ND DIRECTORS	OTE: Registered	Agent signature require				
or registere familiar with SIGNATURE:	n, and accept the obligations of, Se Symbol by ad or prize number tragillers tage OFFICERS A	otion 607.0505, Florida Statutes	5.  DTE: Registered  13.  1 1 T	Agent signature require	od when reinstating)	FICERS AND D	OIRECTO Change	RS IN 12
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