

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601228 (0)

1. Corporation Name

**MANUEL VIAMONTE JR MD & ASSOCIATES PROFESSIONAL
ASSOCIATION**

Principal Place of Business

**4300 ALTON RD.
MIAMI BEACH FL 33140**

Mailing Address

**4300 ALTON RD.
MIAMI BEACH FL 33140**



2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc. 26 State Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

g. Name and Address of Current Registered Agent

**RUFFNER, CHARLES L
444 BRICKELL AVE
MIAMI FL 33131**

3. Date Incorporated or Qualified
07/15/1969

3a. Date of Last Report
01/24/1995

4. FEI Number
59-1266965

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. Has corporation had liability for intangible tax under s. 190.032
Florida Statutes? ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
Charles L. Ruffner
82 Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Dr., #507
83
84 City
Brickell Key, FL 85 Zip Code
FL 33131

11. Pursuant to the provisions of Sections 602.001 and 602.002, Florida Statutes, the above named corporation has submitted a 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 602.004, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplied with this filing is voluntary, true, correct and complete, for the reasons set forth in Section 116.07(2)(g), Florida Statutes. I further certify that the information included on this report is supplied voluntarily and is true and correct, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director who authorized the filing of this report and require my Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of officers or directors is being filed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 (305) 674-2680

CR2E034 (12/95)