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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 603083

1. Corporation Name
DENIO O. FONSECA M.D., P.A.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90120 013 ***150.00

525									
Principal Place	e of Business	Mailing Address				I Identify dutil depart that sever in every	*1071 01011 21011 0		
2000 S W 27 AVE		2000 S W 27 AVE							,
MIAMI FL 33145		MRAMI FL 33145			DO NOT WRITE IN THIS SPACE			,	
						3. Date Incorporated or Qualifed			
	*					09/09/1971			
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26				59-1359310	. No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional ·	
22		27				3. Certificate of Status Desired	Fee Re	quired	- 4
City & Stat	10	City & State				6. Election Campaign Financing	\$5.00		
23		28				Trust Fund Contribution	Added t	o Fees	
Zip	, Country	Zip		untry		8. This corporation owes the current year In	ntangible Yes	□No	
24	25	29 29	30	1		Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Curre	nt Registered Agent	•	81	Name	to. Maine and Address of New Registores	Agent		
FON	ISECA,DENIO O	•							
2000 SW 27TH AVE #201				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	WI FL 33145			83					
				84	City	FI	85 Zip (Code	
	to the provisions of Sections 607 05	02 and 607.1508. Florida SI	tatutes, the a	above	e-named corpo	oration submits this statement for the purpose of	of changing its	registered	
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig.	e of Florida. Such change water ations of, Section 607.0505	as authonze , Florida Sta	ed by t itutes.	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the	ointment as re	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 supplemental 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 tryglee 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MUUUS UM QUUUS SIGNING OFFICER OR DIRECTOR

ate Daytime Phone #