**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90071 014 \*\*\*150.00

## DOCUMENT # 602400

1. Corporation Name	12				
RAFAEL F. RIVAS M.D., P.A.					
Principal Place of Business	Mailing Address				
4051 E 8TH AVE HIALEAH FL 33013	4051 E 8TH AVE HIALEAH FL 33013				
2. Principal Place of Business	2a. Mailing Address				
21 Suite, Apt. #, etc.	26     Suite, Apt. #, etc.				
City & State	City & State				
23	28				
Zip Country  24 25	Zip Country 29 30				

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			-	
Principal Place of Business	Mailing Address			
4051 E 8TH AVE HIALEAH FL 33013	4051 E 8TH AVE HIALEAH FL 33013			
THACEAN TE OUT	· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualifed	
			04/21/1972	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1391229	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired Fee Required	
City & State	City & State	:	6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	r Intangible
25	29 30		Personal Property Tax.	Yes XNo
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	red Agent
DUIAC DAFAEL MAD		81 Name		
RIVAS, RAFAEL M.D.		82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
4051 E. 8TH AVENUE SUITE 1	~	oli cet Addre	oo (t .o. Dox (talloor to that the options)	
HIALEAH, FL		83		
33013			·	——————————————————————————————————————
		84 City		EL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli</li> </ol>	te of Florida. Such change was autho	prized by the corporation	ration submits this statement for the purposities board of directors. I hereby accept the approximation of the second statement of the second statement of the second seco	e of changing its registered appointment as registered
SIGNATURE	ALOTE: But	ristered Agent signature required	when reinstating) DATE	
Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
12. OFFICERS	AND DIRECTORS	13.	ADDITIONOS MINOLO TO OFFICE	77110 DITECTORO IN 12

SIGNATURE	AIATE		required when reinstating) DATE
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F OFFICERS AND DIRECTORS	tegistered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE /	PD DELETE	1,1 TITLE	Change Additi
NAME /	RIVAS,RAFAEL F	1.2 NAME	
	4051 E 8TH AVE	1.3 STREET ADDRESS	. ,
STREET ADDRESS	HIALEAH FL	1.4 CITY-ST-ZIP	
CITY-ST-ZIP	DELETE	2.1 TITLE	☐ Change ☐ Additi
		2.2 NAME	
NAME		2.3 STREET ADDRESS	والعراق المعروب المراجع
STREET ADDRESS		•	•
CITY-ST-ZIP	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Additi
TITLE	, decete	F .	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	•
CITY-ST-ZIP	- I per eve	3.4. CITY-ST-ZIP	Change Additi
TITLE 1	DELETE	4,1 TITLE	Change Additi
NAME		4, 2 NAME	
STREET ADDRESS	·	4.3 STREET ADDRESS	
CITY+\$T-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 T/TLE	☐ Change ☐ Additi
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	·	5.4 CITY+ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additi
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 on an affectment with an address, with all other like empowered.

SIGNATURE: /