

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 604656

Country

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1. Corporation Name

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JORGE A. VALLEJO, M.D., INC.

Principal Place of Business	Mailing Address
4765 W. 8TH AVE., 3RD FL HIALEAH FL 33012	4765 W. 8TH AVE 3RD FL HIALEAH FL 33012
•	
2. Principal Place of Business	2a. Mailing Address
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.

Ζip

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Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90126 028 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

09/01/1973 4. FEI Number

59-1485758

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
1/41/E/O /1000F A3 MA			81 Name			
VALLEJO (JORGE A.) M.D.			82 Street Address (P.O. Box Number is Not Acceptable)			
4765 W. 8TH AVE., 3RD FL			Street Address (P.O. Box Number is Not Acceptable)			
P.O. BOX 11				A STATE OF THE STA		
HIALEAH FL 33012						
		84	City	FL 85 Zip Code		
11. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	VALLEJO, JORGE A	1.2 NAME				
STREET ADDRESS	8375 W. 18TH LANE DR.	13 STREET	TADORESS	· ·		
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP				
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	VALLEJO, GISELA	2.2 NAME				
STREET ADDRESS	8375 W. 18TH LANE DR.		T ADDRESS	s		
•	HIALEAH FL	2. 4 CITY-5				
CITY-ST-ZIP TITLE	T DELETE	3.1 TITLE	21-21F	☐ Change ☐ Addition		
NAME	VALLEJO, JORGE A.	3.2 NAME	-			
STREET ADDRESS	8375 W. 18TH LANE DR.		T ADDRESS	s		
	HIALEAH FL	3.4. CITY-S		1 ·		
CITY-ST-ZIP TITLE	DELETE	4.1 TITLE		Change Addition		
NAME		4. 2 NAME				
j			TADDRESS	8		
STREET ADDRESS						
CITY-ST-ZIP TITLE	□ DELETE	4.4 CITY-S 5.1 TITLE	1-211	☐ Change ☐ Additi		
		5.2 NAME				
NAME CTRCCT ADDRESS			T ADDRESS	s		
STREET ADDRESS		5.4 CITY-S				
CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Additi		
	- Detero	6.2 NAME				
NAME	į		TADORESS	s		
STREET ADDRESS	j	6.4 CITY-S				
CITY-ST-ZIP	ertify that the information supplied with this filling does not qualify for the	e exempt	inn state	ed in Section 119.07(3)(i). Florida Statutes, I further certify that the information		
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 office or directly of the corporation of the receiver of the corporation.						

Country

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Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional