03-09-1999 90066 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 614456

1. Corporation Name

EMILIO F. SOLERNOU, M.D., P.A.

Principal Place	e of Business	Mailing Address	ddress)(III E (B)(B)() 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5200 SW 8 ST		5200 SW 8 ST	5200 SW 8 ST						
SUITE 207-B SUITE 207-B			104			DO NOT WRITE	IN THIS :	SPACE	
CORAL GABLES FL 33134 CORAL GABLES FL 33134						3. Date Incorporated or Qualifed			
					'	04/05/1979			ì
2 Principal Pl	lace of Business	2a. Mailing Address			- 1.	4. FEI Number		— T Ar	plied For
2. Principal Place of Business 2a. Mailing Address 26						59-1037801		. `	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	
27					!	5. Certifcate of Status Desired [Fee Re	equired
City & State City & State						6. Election Campaign Financing	=	\$5.00	May Be
23		28	28			Trust Fund Contribution		Added 1	
Zip Country		Zip	Zip Country			8. This corporation owes the current	year Inta	ıngible	_
24	25	29 3	0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			1	0. Name and Address of New Reg	istered A	rgent	
001	EDNOVE ENTITO E		81	Name					
SOLERNOU, EMILIO F			82	Street	Address	(P.O. Box Number is Not Acceptable	3)	•	
5200 SW 8 ST., SUITE 207-B								·	
COR	AL GABLES FL		83						
			84	City			FL	85 Zip (Code
44 D	to the previous of Sections 607.05	02 and 607 1508 Florida Statutes	the above	-named	corporat	ion submits this statement for the pu		hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was auth	horized by	the coroc	oration's	board of directors. I hereby accept the	ne appoin	tment as re	gistered
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·	egistered Agen	t signature re	required whe		DATE	- DIDEOTC	DO 101 40
12.			13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	☐ Change	Addition
TITLE	10		1,1 TITLE					[_] Change	
NAME	SOLERNOU, EMILIO F		1.2 NAME						
STREET ADDRESS	0200 011 0 01			1.3 STREET ADDRESS					
CITY-ST-ZIP				14 CITY-ST-ZIP				Change	☐ Addition
TITLE			2.1 TITLE					☐ onlinge	١,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			2 2 NAME						
STREET ADDRESS			2.3 STREET						
CITY-ST-ZIP			2, 4 CITY-S	T-ZIP				Change	Addition
TITLE		O DELETE	3.1 TITLE 3.2 NAME				~	. □ ovevão	
NAME			3.3 STREET	*UUDEEC					ļ
STREET ADDRESS			3.4. CITY-S						j
CITY-ST-ZIP TITLE		☐ DELETE	4,1 TITLE	1-ZIP				Change	Addition
			4. 2 NAME			,			
NAME			4.3 STREET	ADDRESS					
STREET ADDRESS			4.4 CITY-S						ļ
CITY-ST-ZIP TITLE		☐ DELETE	5,1 TITLE	1-411	†			Change	Addition
NAME		—	5.2 NAME			-		•	
STREET ADDRESS			5.3 STREET	ADDRESS					
į			5.4 CITY-S	r-zip					
CITY-ST-ZIP 34-CIT					 			Change	Addition
			1		1				

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 attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS