. FILE, NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90051 030 ***150.00

DOCUMENT # 646849 1. Corporation Name

	IIDES J. LOSADA, M.D., P	.,										
	•											
	·											
Principal Plac	e of Business	Mail	ing Address									
.1	TH PLACE. 206		WEST 49TH PLACE.	206								
HIALEAH FL 33012 HIALEAH FL 33012								DO NOT WRITE IN THIS SPACE				
							F	3. Date Incorporated or Qualifed				
1								11/30/1979				
2. Principal F	Place of Business	2a.	Mailing Address					4. FEI Number			Applied For	
21		26	·					59-1948941			Not Applicable	
Suite, Apt.			Suite, Apt. #, etc.					5. Certifcate of Status Desired[7	\$8.75	Additional	
22	الماردة المارات المنظريطينية المستنجمة الماردة المارات المنظريطينية	27				2	~				Required = -	
City & Star	te	<u> </u>	City & State					6. Election Campaign Financing			May Be	
23 Zip	Country	28	Zip	Co	ountry			Trust Fund Contribution			d to Fees	
Zip	25	29	ыp	30	ouriu y			This corporation owes the current Personal Property Tax.	year Inta	ingible □Yes	□No	
24	9. Name and Address of Curr		ered Agent	130	-T	<u>.</u>		10. Name and Address of New Reg	istered /			
		F- /			81	Name						
	ADA, ARQUIMIDES J., M.D.	٠.				04		(BO Banklantania Nata				
	5 WEST 49TH PLACE	<i>J.</i>			82	Street A	aaress	(P.O. Box Number is Not Acceptable	9) - 10 - 1 State 1 (
HIAI	LEAH FL'33012				83			3 (1) (1)	3 (4)(4)	31 81 20	154 (15)	
	•				84	City			1-1-1	85 Zi	o Code	
ال المام	70 y					•			FL	'		
11. Pursuant	to the provisions of Sections 607.0	502 and 607	7.1508, Florida Statu	tes, the	above	-named c	orpora	tion submits this statement for the pur board of directors. I hereby accept the	rpose of	changing i	ts registered	
agent. I a	in familiar with, and accept the obli	igations of, S	Section 607.0505, Flo	orida Sta	atutes.	nie corpor	alions	board of directors. Thereby accept to	ie appoii	itilient as		
SIGNATURE												
10	Signature, typed or printed name of registered a					signature req	ofw beniup	en reinstating)	DATE	D DIDECT	TORS IN 12	
12.	OFFICERS A		TORS	13	3.	signature req	quired who	en reinstating) ADDITIONS/CHANGES TO OFFIC				
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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 occurate 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 empended 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.