SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 651315

VICTOR O. CALDERIN, M.D. & ASSOCIATES, P.A.

Principal Place of Business Malling Address 5959 N W 7 STREET 5959 N W 7 STREET MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1979 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1942130 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Zip Country Zip Country Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MATZA, ROCHELLE S MORRISON, BROWN, ARGIZ & CO. Street Address (P.O. Box Number Is Not Acceptable) 9795 S. DIXIE HWY. 83 **MIAMI FL 33156** Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title II applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change Addition TITLE DELETE CALDERIN.V.O.,M.D. 1.2 NAME NAME 3107 ALHAMBRA CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change Addition TITLE DELETE CALDERIN, CAROLINA 2.2 NAME NAME 3107 ALHAMBRA CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change Addition TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change Addition DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE DELETE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition TITLE DELETE

in Block 12 or Block 13 If changed, or on an attachment with an address. till Caparina GALNERIA 1.2698

6.2 NAME

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Aug 12 1998 8:00am

Secretary of State