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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

663586 **DOCUMENT #**

(6)

HERNANDO CHONG & ASSOCIATES, M.D., PROFESSIONAL ASSOCIATION



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| Principal Place | of Business | , | М | a ling Address | | | ····· | | r somilin militä äysää kittät äittät läiti | | FIELD BURN GAD | AL BIBIT BIBIT 1061 |
| 7050 NW 4TH ST. #206 PLANTATION FL 33317 | | | | 7050 NW 4TH ST. #206 PLANTATION FL 33317 | | | | | | | | |
| | | | | | | | | 3. | Date Incorporated or Qualified 01/07/1980 | | te of Last F 01/19/19 | |
| 2. Principal Place of Business | | | | 2a. Malling Address | | | | 4. | FEI Number | | | Applied For |
| Suite, Apt. | # ptc | | 26 | Cuite Ant # at- | | | | ļ | 59-1994797 | | | Not Applicable |
| 22 | | | | Suite, Apt. #, etc. | | | | 5. | Certificate of Status Desired | | | 5 Additional Required |
| City & State | | | | City & State | | | | 6. | Election Campaign Financing | · | | 00 May Be |
| 23 | | | 28 | . <u> </u> | | | | Trust Fund Contribution Added to Fees | | | | |
| Zip 24 | Country 25 | | | Ziρ | | | | 8. | This corporation has liability for intangible tax under s 199.032, | | | |
| [24] | 9. Name and Address of Curre | | | 29 30 30 Temperature Agent | | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | |
| | | | | icied Agein | | 31 | Name | 10. | Name and Address of New H | egistered | Agent | |
| CHONG | | | | (D | O Boy Number is Not Assessed | | | | | | | |
| 7050 NW 4TH ST. #208 PLANTATION FL 33317 | | | | | | | Street Addre | Address (P.O. Box Number is Not Acceptable) | | | | |
| PLANIA | HON FL 3 | 3317 | | | Į. | 33 | | | | | | |
| | | | | | | 34 | City | | | FI | | ip Code |
| | | | | 7.1508, Florida Stat n change was autho 0505, Florida Statut | | e-n npo | named corpora oration's board | ation s d of di | submits this statement for the purpirectors. I hereby accept the appo | | | registered office d agent. I am |
| SIGNATURE _ | Construction (| | | | | | | | | | | |
| Synature, typed or printed name of registered agent a OFF ICERS AND | | | | | | | it signature required | | | DATE | | |
| TITLE | PD | | DETIO PINO DITIEC | DELETE | 13. | F | | | ADDITIONS/CHANGES TO OFF | CERS AN | D DIRECTO | DRS IN 12 Addition |
| NAME | CHONG | HERNANDO |) | | 1.2 NAM | | | | | | Change | Addition |
| STREET ADDRESS 7050 NW 4TH ST. #206 | | | 206 | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | ATION FL | | | 1.4 CITY | | | | | | | |
| TITLE | V | | | DELETE | 2 1 THE | | | | | | Change | Addition |
| NAME | | GRACIELA | | | 2.2 NAM | E | | | | | _ ` | |
| STREET ADDRESS | | | | | 3 STREET ADDRESS | | | | | | | |
| CITY-ST-2IP | PLANIA | ATION FL | | | 2.4 C/TY | -ST | T-ZIP | | | | | |
| TITLE | | | | DELETE | 3 1 1/11 | .E | | | | | Change | Addition |
| NAME | | | | | 3 2 NAV | E | | | | | | 1 |
| STREET ADDRESS | | | | | 33 STR | EE1. | ADDRESS | | | | | [|
| CITY-ST-ZIP TITLE | | | | ED Driese | 3.4 CITY | | I - 21P | | | | | |
| NAME | | | | DELETE | 4. 1 TO L | | | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS | | | | | 4.2 NAM | | | | | | | |
| CITY-ST-ZIP | | | | | | | ADDRESS | | | | | |
| TITLE | | · | ··· | DELETE | 4.4 CITY | | i - ZIP | | | | F-3 (c) | - |
| NAME | | | | | 5. 1 TiTL 5.2 NAM | | | | | | Change | Addition |
| STREE1 ADDRESS | | | | | | | AFIDDESS | | | | | |
| CITY-ST-ZIP | | | | | | | ADDRESS | | | | | J |
| TITLE | | | | DELETE | 5.4 CHY 6 1 TH | | *Z(F | | - M. M | - | Change | Addiso |
| NAME | | | | | 6.2 NAM | | | | | | T CHAIRE | Addition |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 64 CITY | | | | | | | i |
| | | | | | | | | | | | | |

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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, of on an attachment with an address.

SIGNATURE:

Vice President

04/26/96 (954) 791-6622