

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 682101

(1)

1. Corporation Name

VIDAL & ROVIRA, M.D., P.A.

Principal Place of Business

**C/O ANGEL F. VIDAL
11880 SW 40TH ST STE 208
MIAMI FL 33175-0573**

Mailing Address

**C/O ANGEL F. VIDAL
11880 SW 40TH ST STE 208
MIAMI FL 33175-0573**

**APPROVED
AND
FILED**

95 APR 25 AM 8:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/05/1980

3a. Date of Last Report

05/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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4. FEI Number

59-2019915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under C. 193.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**VIDAL, ALINA M
11880 S W 40TH ST
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Alina M Vidal
Signature, typed or printed name of registered agent and use if applicable

MANAGING DIRECTOR
(NOTE: Registered Agent signature required when reappointing)

DATE

2/27/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
VIDAL, ANGEL F
11880 SW 40TH ST
MIAMI, FL 0**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**M
VIDAL, ALINA M
11880 SW 40TH ST
MIAMI, FL 0**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
ROVIRA, JOSE
7930 SW 145TH ST
MIAMI, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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