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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED May 01 1998 8:00am Secretary of State

VIDAL & ROVIHA, M.D., P.A.					
Principal Place of Business	Mailing Address			I 1881UR BARDA HUMA HABBI BARDA HABBI BARDA HABBI BARDA HABBI	DIN BIRKE BIRKE BERKE BIRKE BIRKE B ir
C/O ANGEL F. VIDAL 11880 SW 40TH ST STE 206 11880 SW 40TH ST STE 206 MIAMI FL 33175-0573 MIAMI FL 33175-0573		E 206		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 08/05/1980	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-2019915	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip Country		8. This corporation owes or has paid the cu		
24 25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current	t Hegistered Agent		31 Name	10. Name and Address of New Registered	Agent
VIDAL, ANGEL F.					
11 880 S W 40TH ST MIAMI FL 33143		8	Street Add	ress (P.O. Box Number is Not Acceptable)	
MINN PL 33143		8	33		
		١	34 City		85 Zip Code
				F[- `
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State	2 and 607.1508, Florida Stat t of Florida. Such change was	utes, the abo authorized	ove-named corp by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I am familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Statu	tes.	,	
SIGNATURE Signature, typed or pouled name of registered agen	nt and little if applicable. (NC	TE: Repistered A	Agent signature requir	red when reinstaling) DATE	<u> </u>
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE PD	☐ DELETE	1.1 TITU	E		☐ Change ☐ Addition
NAME VIDAL, ANGEL F			1E		
STREET ADDRESS 11880 SW 40TH ST		1.3 STR	EET ADDRESS		
CITY-ST-ZIP MIAMI, FL 0	Driett		/-ST-ZIP		
TITLE SD	DELETE 211		t I		Channa Addition
NAME ROVIRA, JOSE STREET ADDRESS 7930 SW 145TH ST			}		☐ Change ☐ Addition
CITY-ST-ZIP MIAMI, FL 00000		2.2 NAM	1		Change Addition
TITLE		2.3 STRE	EET ADDRESS		Change Addition
	☐ DELETE	2.3 STRE	EET ADDRESS Y-ST-ZIP		Change Addition
NAME	☐ DELETE	2.3 STRE 2.4 CITY	EET ADDRESS Y-ST-ZIP E		
NAME STREET ADDRESS	☐ DELETE	2.3 STRE 2.4 CITY 3.1 TITU 3.2 NAM	EET ADDRESS Y-ST-ZIP E		
	☐ DELETE	2.3 STRE 2.4 CH1 3.1 TITU 3.2 NAM 3.3 STRE	EET ADDRESS Y-ST-ZIP E		
STREET ADDRESS	☐ DELETE	2.3 STRE 2.4 CH1 3.1 TITU 3.2 NAM 3.3 STRE	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP		
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nereby certify that the information supplied with this filling 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.