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

DOCUMENT # 682104

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

PONS, SALCINES & ASSOCIATES, M.D., P.A

Principal Pla	see of Pusings	A4-20	·									
Principal Place of Business		Mailing Address				· }	***************************************				** ************	,,
8890 CORAL WAY #211 MIAMI FL 33165		8890 CORAL WAY #211 MIAMI FL 33165										
WIN 1 E 001		MIAMI FL 33103					DC	NOT WR	ITE IN TH	IIS SPACE		
						3. Date	Incorporated of				-	\neg
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2. Principal I	Place of Business	2a. Mailing Address				4. FEI N					Applied For	\dashv
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Suite, Apt	t. #, etc.	Suite, Apt. #, etc.									Additional	긕
22		27				5. Certife	cate of Status	Desired		-	Required	- [
City & Sta	ate	City & State			•	6. Election	ion Campaign	Financino		 	May Be	
23		28				I	Fund Contribu				May Be I to Fees	ļ
Zip	Country	Zip	Cour	ntry			corporation ow		rent vear l		10100	┪
24	25	29	30				nal Property 1		ioni your i	∏ Yes	₩ No	
	9. Name and Address of Curre	ent Registered Agent					and Addres		Registere			ᅥ
501	NO DODESTO -			81	Name							\neg
	ns, roberto r		}	82	C4===4 A 44	(D.O. D.						_
	0 CORAL WAY #211			82	Street Addre	ess (P.O. Bo	x Number is N	Not Accepta	able)			
MIA	MI FL		ŀ	83				, i , i , i	·	- 8 94° 1840 314.	1 15 7 7 11 92	:-
									海管方			
				84	City				11.70	85 Zip	Code	
					Oity					4 1		\dashv
11. Pursuant	t to the provisions of Sections 607.05	502 and 607 1508 Florida Statute	s the ah		•	ration subm	ite this statem	ant for the	F	L		
11. Pursuant office or agent La	t to the provisions of Sections 607.05 registered agent, or both, in the State	602 and 607.1508, Florida Statute e of Florida. Such change was au	s, the ab	ove-n	•	oration subm n's board of	its this statem directors. I he	ent for the	purpose o	of changing it pintment as r	s registered egistered	-
-	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	502 and 607.1508, Florida Statute e of Florida. Such change was au ations of, Section 607.0505, Flori	s, the ab thorized ida Statu	ove-n	•	oration subm n's board of	its this statem directors. I he	ent for the ereby accep	purpose of the app	of changing it pintment as r	s registered egistered	
11. Pursuant office or agent. I a			ida Oldio	bove-n by the	named corpor e corporation			ent for the ereby accep		of changing it ointment as r	s registered egistered	
-	Signature, typed or printed name of registered ag		Registered A	bove-n by the	•	when reinstating) .~ 2		DATE			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered A	bove-n by the ites.	named corpor e corporation	when reinstating) ONS/CHANGI		DATE	AND DIRECT	ORS IN 12	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	nent and title if applicable. (NOTE: ND DIRECTORS	Registered A	pove-n by the ites.	named corpor e corporation	when reinstating) .~ 2		DATE			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A S SALCINES, LOURDES	nent and title if applicable. (NOTE: ND DIRECTORS	Registered A 13. 1.1 TITL 1.2 NAM	pove-n by the ites.	named corporation corporation	when reinstating) ONS/CHANGI		DATE	AND DIRECT	ORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A S SALCINES, LOURDES 2144 SW 99TH AVENUE	nent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITL 1.2 NAM	Agent si	named corporation e corporation gnature required v	when reinstating) ONS/CHANGI		DATE	AND DIRECT	ORS IN 12	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ag OFFICERS A S SALCINES, LOURDES 2144 SW 99TH AVENUE MIAM! FL P	nent and title if applicable. (NOTE: ND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL	Agent sin	named corporation e corporation gnature required v	when reinstating) ONS/CHANGI		DATE	AND DIRECT	ORS IN 12	
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90060 002 ***150.00