## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 683351

(1)

M. FELIX FRESHWATER, M.D., P.A.

9380 SW 150TH STREET #190 MIAMI FL 33176 US	P.O. BOX 561655 MIAMI FL 33256-1655	
Principal Place of Business	Mailing Address	

## **FILED** Jan 14 1997 8:00am Secretary of State

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3. Date Incorporated or Qualified

08/28/1980

59-2019896

4. FEI Number

3a. Date of Last Report

Applied For

Not Applicable

07/01/1996

City & State  Ci	22	ir, Ctd.	27	Apr. 11: 010:			5. Certificate of Status Desired	Fee Required	
28		e		State			6 Flection Campaign Sinancing	<u></u>	
Zip   Country   Zip   Gountry   St. This corporation has liability for intengible tex under s. 199103   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. Name and Address of New Registered Agent   10. Name   10. N	<u> </u>		<del></del>						
24   25   29   30   Florida Statutes   Vo   No		Country	Zip		Country		8. This corporation has liability for	intangible tax under s. 199.03;	
FRESHWATER, M. FELIX 9380 SW 150TH STREET SUITE 190 MIAMI FL 33176  82   Street Address (P.O. Sox Number is Not Acceptable)  83    11. Pursuant to the provisions of Sections 607 (502 and 607 1508, Florida Statulus in better or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its register of the 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 application are sequenced by the corporation's board of directors. I hereby accept the application are register agent agent and ref necessary agent age	24	25	29	3	30				
SIGNATURE    STEET ADDRESS   S		<ol><li>Name and Address of Current</li></ol>	nt Registered A	gent			10. Name and Address of New R	egistered Agent	
SUITE 190 MIAMI FL 33176  84	FRE	SHWATER, M. FELIX			81	Name			
SUITE 190 MIAMI FL 33176  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0002 and 807 1508. Florida Statuses, the above-named corporation submits this statement for the purpose of changing its register of florid and purposed of provisions board of directors. I hereby accept the appointment as register agent, in the manifesting purposed the provisions board of directors. I hereby accept the appointment as register agent and manifesting purposed by the corporation's board of directors. I hereby accept the appointment as register agent agent for the provisions directors are displayed upon a first state of Plorida. Statuses.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PSTD  OFFICERS AND DIRECTORS  11 STREET ADDRESS  CITY-ST-ZP  MIAMI FL 33176  12 LITTLE  OFFICERS AND DIRECTORS IN 12  13 STREET ADDRESS  CITY-ST-ZP  MIAMI FL 33176  OFFICERS AND DIRECTORS IN 12  14 CITY-ST-ZP  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRECTORS IN 12  15 STREET ADDRESS  CITY-ST-ZP  OFFICERS AND DIRECTORS IN 12  10 DELETE  31 TITLE  OFFICERS AND DIRECTORS IN 12  OFFICERS AND DIRE						821 Street Address (P.O. Box Number is Not Acceptable)			
TILE PRESHMENT IN THE DELETE STATE OFFICES AND DIRECTORS STREET ADDRESS CITY-ST-ZP STREET ADDRES						otreet Address (F.O. Dox Harrider is Not Addeptable)			
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 register 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 register agent, and familiary agent agent and familiary agent	MIAI	MI FL 33176			83				
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 register 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 register agent, and familiary agent agent and familiary agent					84	City		85 Zin Code	
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 register agent. I maintaining						Oity		FL   S   S   S   S   S   S   S   S   S	
agent, I am familiar and accept the policytions of, Section 607 0505, Florida Statutes.  SIGNATURE  OPPOSE, speak or piritipal agent car fire ill accitable.  PSTD  FRESHWATER, M FELIX  9380 SW 150 STREET, SUITE 190  TITLE  INME  STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  12. ADDITIONS/CHANGES TO OPPICERS AND DIRECTORS IN 12.  ADDITIONS/CHANGES TO OPPICERS AND DIRECTORS AND DIRECTORS TO OPPICE AND TO O	11. Pursuant :	to the provisions of Sections 607.050	02 and 607 1508,	, Florida Statutes	s, the above	-named corp	poration submits this statement for the	purpose of changing its registe	
12   OFFICERS AND DIRECTORS   13   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	, onice or re agent, Lai	egistered agent, or both, in the State m familiar: "Bandaccept the pblic	e of morida. Such	i change was au n 607.0505, Flori	imprized by ida Statutes	ine corpora L	ttion's board or directors. I hereby acce	p) the appointment as registers	
12   OFFICERS AND DIRECTORS   13   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Morrishman	J					1(4/97)	
TITLE		Signature, typed or printed name of registered ag	ent and title it applicable	e. (NOTÉ.	Registered Age	nt signature requi		DATE	
NAME   STREET ADDRESS   9380 SW 150 STREET, SUITE 190   13 STREET ADDRESS   14 CITY-ST-ZIP			ID DIRECTORS	T D SI COS			ADDITIONS/CHANGES TO OFFI	<del></del>	
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NAME		MIAMI FL 331/6		L SELECT		I - ZIP			
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CITY-ST-ZIP									
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NAME						<u>л - ZIP</u>			
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	NAME				6.2 NAME				
CITY . ST. 719	STREET ADDRESS				6.3 STREET	ADDRESS			
	CITY-ST-ZIP	·							
14. I do 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	14. I do hereb	by certify that the information supplies	ed with this filing o	does not qualify	for the exer	notion states	d in Section 119.07(3)(i), Florida Statuti	es. I further certify that the	

appears in Block 12 or Block 13 if changed, or on an attachment with an address.