

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 840022

(8)

1. Corporation Name

V.M. ALVAREZ, M.D., P.C.

Principal Place of Business

1281 SOUTH HICKORY ST  
MELBOURNE FL 32901

Mailing Address

1281 SOUTH HICKORY ST  
MELBOURNE FL 32901-3231

3. Date Incorporated or Qualified

02/14/1978

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

38-1849368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVAREZ, V.M.(DR.)  
1281 S. HICKORY ST.  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

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

1355 S. Hickory St

83

84 City  
melbourne

FL

85 Zip Code  
32901

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-97

OFFICERS AND DIRECTORS

TITLE	PD	ALVAREZ, V.M. (DR)	1281 S. HICKORY ST.	MELBOURNE FL	<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	S	ALVAREZ, BLANCA E.	1281 S. HICKORY ST.	MELBOURNE FL	<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					<input type="checkbox"/> DELETE
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1355 S. Hickory St
1.4 CITY-ST-ZIP	melbourne, FL 32901
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1355 S. Hickory St
2.4 CITY-ST-ZIP	melbourne, FL 32901
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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; 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 attached sheet with an address.

SIGNATURE:

SIGNATURE REQUIRED

4-18-97

CR2E034 (9/96)