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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F04232

LUISA MOREJON, M.D., P.A.

والمحا المساسايلي

FILED Jan 21, 1999 8:00am **Secretary of State**

01-21-1999 90014 008 ***150.00



Principal Place	of Business	Maili	ng Address				- 		811 B1811 81811 81811 4 1	IBIL 878H 1881	
9890 SW 70TH ST 9890 SW 70TH ST											
MIAMI FL 33173 MIAMI FL 33173							DO NOT WRITE IN THIS SPACE				
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	•						11/03/1980	iiiica			
2. Principal Pla	ace of Rusiness	2a. N	Mailing Address			-	4. FEI Number		Apr	olied For	١
2. Fillicipal Fia	ace of business	26	naming riddicoo	•			59-2035247		 ' ' '	Applicable	
Suite, Apt. #	. etc.		Suite, Apt. #, etc.						\$8.75 A	dditional	1 `
22		27					5. Certifcate of Status Desir	ed 🗌	Fee Red	quired	
City & State			City & State				6. Election Campaign Finar	cing	\$5.00	May Be	
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	Z	ip	Cou	ntry		8. This corporation owes th	current yea		F74.	
24	25 .	29		30	1		Personal Property Tax.	t Danista	X	□No	-
, <u>* .</u>	9. Name and Address of Currer	nt Registe	red Agent		81 N	lame	10. Name and Address of I	ew Registe	rear Agent		1
MA∩DE	EJON, LUISA	•									
	SW 70TH ST				82 S	Street Addre	ss (P.O. Box Number is Not A	cceptable)			
	II FL 33173				83			* 		Fall de sal	1
*****						•				- 1 kg (\$\$)	ļ
	a a				84 C	City		Ī	85 Zip C	ode	
44 Durauant to	o the provisions of Sections 607.050	02 and 607	1508 Florida Statute	es the a	bove-na	amed corpo	ration submits this statement for	or the purpose	e of changing its	registered	1
office or re	edistered agent, or both, in the State	of Florida.	. Such change was au	utnonzed	i by the	corporation	n's board of directors. I hereby	accept the a	opointment as reg	jistered	
	n familiar with, and accept the obliga	ations or, S	ection 607.0505, Pion	ioa Siau	utes.						
SIGNATURE	Signature, typed or printed name of registered age	ent and title if a	nnlicable (NOTE:	Registered	Agent sig	nature required	when reinstation)	DATE	<u> </u>		؍ ا
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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.