FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

OCUMENT # F18376 (6) OSVALDO D. VALDES, M.D., P.A.					
icipal Piace of Business 1321 N.W. 14TH ST., SUITE 603 MIAMI FL 33125		Mailing Address 1321 N.W. 14TH ST., SUITE 603 MIAMI FL 33125			
	,			01/30/1981	a. Date of Last Report 04/03/1995
Principal Place	of Business	2a. Mailing Address		4. FEI Number 59-2067425	Applied For Not Applicable
Suite, Apt. #, 6	atc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	8 State (27)			6. Election Campaign Financing	Fee Required \$5.00 May Be
		28	· -	Trust Fund Contribution	Added to Fees
(ip	Country 25	Zıp 29	Country 30	8. This corporation has liability for intar Florida Statutes Yes	
	9. Name and Address of Current			10. Name and Address of New Regi	
WAS DEO	ANIMA D		81 Name		
VALDES, OSVALDO D 1321 N.W. 14TH ST., SUITE 603		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL			83		
			84 City		85 Zip Code
Yermaal ta ti	Le residence al Continue 607 0600	1007 4500 Flavido Ptob 4		pration submits this statement for the purpos	FLII
NATURE	OFFICERS AND PTS		DTE: Registered Agent signature require 13.	ed when reinstating ADDITIONS/CHANGES TO OFFICER	DATE S AND DIRECTORS IN 12 Change Addition
LADDRESS	VALDES, OSVALDO D 1321 NW 14TH ST. #603 MIAMI, FL 00000	•	1.2 NAME 1.3 STREET ADDRESS		Second Control Control Second Control
1.79	D	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
ADDRESS - ZIP	VALDES, OSVALDO D 1321 NW 14TH ST. #603 MIAMI, FL 00000		2.2 NAME 2.3 STREET ADDRESS		
-70-		DELETE	2 4 C(TY - ST - ZIP 3 1 T(TLE		Change Addition
			3 2 NAME		
ADDRESS - Zip			3.3 STREET ADDRESS		
		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
			4.2 NAME		
MORESS			4.3 STREET ADDRESS		
3.1		DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
ZIF			5.2 NAME		
Z1F:					
NODRESS.			5.3 STREET ADDRESS		
ADDRESS		□ DELETE	5 4 CITY-ST-ZIP		C1 Change
ADDRESS		DELETE			☐ Change ☐ Addition
ACORESS .		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		Change Addition
FAODRESS ST-ZIP FAODRESS ST-ZIP			5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP		
FACURESS SEZIP FACURESS SEZIP LO hereby celebrative that the	e information indicated on this annua	oth this filing is voluntarily furnal report or supplemental ann	54 CITY-ST-ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP iished and does not qualify ual report is true and accur.	for the exemption stated in Section 119.07(3 ate and that my signature shall have the sam	i)(k), Florida Statutes. I further e legal effect as if made under
certify that the oath; that I are	e information indicated on this annua	oth this filing is voluntarily furnal report or supplemental ann ation or the receiver or truste	5 4 CITY-ST-ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP sished and does not qualify ual report is true and accur e empowered to execute the	for the exemption stated in Section 119.07(3 ate and that my signature shall have the sam is report as required by Chapter 607, Florida	i)(k), Florida Statutes. I further e legal effect as if made under