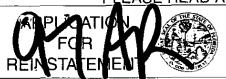
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS



FILED

DOCUMENT # FU9150								97 DEC -5 AM 9: 34			
1. Corporation Name							91	GTUEC S THE			
ADOLFO M. VILASUSO, P.A.							SI TAI	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address							– " "		·		
7800 RED ROAD STE 309 7800 RED ROAD STE 309							9				
MIAMI FL 33143 MIAMI FL 33143											
If above addresses are incorrect in any way, line through incorrect information and enter correction below.											
New Principal Office Address, If Applicable 3. New Mai				ling Office Address, If Applicable			4. Date Incor To Do Bus	porated or Qualified siness in Florida 09/1	0/81		
Suite, Apt. #, etc. Suite, Apt.				#, etc.			5. FEI Numb	<u> </u>	Applied For		
City & State City &				ate			59-	59-2124966 Not Applicable			
Zip Country-			Zip Country			6 S8.75 Additional Fee rec		Additional Fee required ra Certificate of Status			
7. Names	and Street Ad	I dresses of Each Officer and/	or Director (Flo	rida nonprofit o	corporation	ons must list at I	east 3 directors)				
Title(s) 1	Name of Officers				Stree	eet Address of Each licer and/or Director se Post Office Box Numbers)		City / Stat	te / Zip		
PMD	VILAS	uso, Adolfo M	4. MD	7800	RED	ROAD ST	TE 309	S.MIAMI FL 33	143		
						· · · · · · · · · · · · · · · · · · ·					
											
							А	 #0002369:	4645		
								00002369 -12/11/970 ****165.00	1056002 ****165.00		
			,					M.	70		
	8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent					
						Name					
VILASUSO, ADOLFO M 7800 RED ROAD STE 309						Street Address (P.O. Box Number is Not Acceptable)					
S. MIAMI FL 33143						Suite, Apt. #, Etc.					
A CONTRACTOR OF THE PROPERTY O						City State Zip Code					
						•		FL			
	appointed h	e egistered agent of the abo	vertamed corpo	oration, am fam	niliar with	and accept the	obligations of Sec	etion 607.0505, F.S.	Ω $\overline{\Box}$		
Signature o Registered			GIS VERED AG	ENT MUST SI	IGN			Date)-9		
11. Do	es this ept. of R	corporation pay a evenue under S.	ny intang 199.032,	jible tax Florida S	to the Statut	es. Yes	.□ No[(See other side on intang			
this rein owed by	statement apport	plication, the reason for disso	lution has been anies of individ	eliminated, the als listed on t	e corpora this form	te name satisfie do not qualify fo as if made und	es the requirement or an exemption under oath.	napter 607 or 617, F.S. I further os of section 607.0401 or 617.040 nder section 119.07(3)(1), F.S. Tr	01, F.S., that all fees		
CIONAT	rupe. /	/	<u> </u>			11-	P. 00	+ 305-66	6-5837		

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #