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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90123 014 ***150.00



FELIPE	U. HUAMONTE, M.D., P.A.									
Principal Plac	ce of Business	Mailing Address				1801/00 1/3/ 0/8/0 18/1/ 0#/#1 64/#1 #8				
475 BILTMORE	: WAY	475 BILTMORE WAY								
SUITE 201 SUITE 201										
CORAL GABLES FL 33134 CORAL GABLES FL 33134						DO NOT WRITE IN	N THIS SE	PACE		
						3. Date Incorporated or Qualifed				7
						10/05/1981				}
	Place of Business	2a. Mailing Address]	4. FEI Number		· A	pplied For	1
21		26				59-2126032		\ \ \ \ \	lot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional	1
22		27				5. Contractic of Citation Desired		Fee F	tequired	
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	May Be	-
23		28				Trust Fund Contribution			to Fees	1
Zip	Country	Zip	Cour	try	ļ	8. This corporation owes the current year.	ear Intang	ible	_	
24	25		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent		nal		10. Name and Address of New Regis	tered Ag	ent		
HUA	AMONTE, FELIPE V.			81 Name	•					
	BILTMORE WAY #101			82 Street	t Addres	s (P.O. Box Number is Not Acceptable)	•			1
COP	RAL GABLES FL 33134		-	83						1
				B4 City				85 Zip	Code	1
11 Durayont	to the provisions of Sections 607 050	2 and 607 4509. Florida Clab to	- 455		.	ation submits this statement for the purpo	FL [ļ <u>.</u>
agent I a	registered agent, or both, in the State	tions of Castina 607 0505 Flad	do Statu	Dy tile COIL	JUI AUUTI :	s board of directors, i hereby accept the	appointer	ent as n	agistered	
SIGNATURE					required wh		ATF			
_	Signature, typed or printed name of registered agent				required wh	ten reinstating) DA	ATE RS AND [DIRECTO	ORS IN 12	6
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOTE: f	Registered A	gent signature	required wh		RS AND [DIRECT	ORS IN 12	44.00
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE: F	Registered A	gent signature	required wh	ten reinstating) DA	RS AND [4 (44 (00))
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN DP HUAMONTE, FELIPE U	it and title if applicable. (NOTE: F	Registered A 13. 1.1 TITL 1.2 NAM	gent signature E		ten reinstating) DA	RS AND [007 74 700
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN DP HUAMONTE, FELIPE U 475 BILTMORE WAY, 101	it and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAA 1.3 STR	gent signature E IE EET ADDRESS		ten reinstating) DA	RS AND [001004 (44,000)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN DP HUAMONTE, FELIPE U	it and title if applicable. (NOTE: F	13. 1.1 TITL 1.2 NAA 1.3 STR	gent signature E IE EET ADDRESS		ten reinstating) DA	RS AND [0001004 (44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN DP HUAMONTE, FELIPE U 475 BILTMORE WAY, 101	at and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	gent signature E E E E E E T ST-ZIP E		ten reinstating) DA	RS AND [] Change	☐ Addition	0001004 (44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN DP HUAMONTE, FELIPE U 475 BILTMORE WAY, 101	at and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA	gent signature E E EET ADDRESS '- ST- ZIP E	;	ten reinstating) DA	RS AND [] Change	☐ Addition	0001001
SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS	Signature, typed or printed name of registered agen OFFICERS AN DP HUAMONTE, FELIPE U 475 BILTMORE WAY, 101	at and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR	gent signature E E EET ADDRESS '-ST-ZIP E EET ADDRESS	;	ten reinstating) DA	RS AND [] Change	☐ Addition	0001777777
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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.

SIGNATURE: