

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 08 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 # F99466

(7)

1. Corporation Name

MARIA E. ARROYAVE, P. A.

Principal Place of Business

Mailing Address

% MARIA E. APROYAVE M.D.  
817 S. UNIV. DR. SUITE 102  
PLANTATION FL 33324

% MARIA E. APROYAVE M.D.  
817 S. UNIV. DR. SUITE 102  
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/15/1982

05/01/1996

4. FEI Number

Applied For

59-2215425

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 817 S. University Dr

26 648 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102

27

City & State

City & State

23 Plantation, Fl

28 Plantation, Fl

Zip

Zip

Country

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARROYAVE, MARIA E., M.D.  
817 S. UNIV. DR.  
SUITE 102  
PLANTATION FL 33317

81 Name

Maria E. Arroyave

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

648 North University Dr.

83

84 City

Plantation

FL

85 Zip Code

33324

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

12. OFFICERS AND DIRECTORS

13. ADDITIONAL AGENTS TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ARROYAVE, MARIA E MD  
STREET ADDRESS 817 S. UNIV. DR. STE 102  
CITY-ST-ZIP PLANTATION, FL 00000

1.1 TITLE

1.2 NAME

1.3 STREET

1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 CITY-ST-ZIP

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2.15 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 attachment with an address.

CP2E034 (4/97)