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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DCUMENT # G02920

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90029 008 ***150.00

ALBERTO FLEITES, M.D., P.A.				
ncipal Place of Business	Mailing Address		I INDFILL DOLL EDITO LIDITO LOTTO FAREL COST DIREC	BIBIT BEGIT ATAN BEBIC SERVE CONT
	747 PONCE DE LEON BLVD.			
STE: #406			DO NOT WRITE IN THE	C CDACE
GRAL GABLES FL 33134 CORAL GABLES FL 33134			DO NOT WRITE IN THI	3 SPACE
	US		3. Date incorporated or Qualifed	Í
-4. -4.1 , , ,			10/01/1982	Applied For
Principal Place of Business	2a. Mailing Address		4. FEI Number	Not Applicable
	26		59-2227766	\$8.75 Additional
Suite: Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 1: 1	Fee Required
1 1 1 1 1 1 1 1 1 1	27		6. Election Campaign Financing	
City & State	City & State			\$5.00 May Be Added to Fees
	28	Carrata	8. This corporation owes the current year le	
Country	Zip	Country	Personal Property Tax	Yes \ \ No
25		30	10. Name and Address of New Registered	7*
9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New Registered	Agont .
SI FIFTE ALPEDTO			9 11 1	
FLEITES, ALBERTO		82 Street	Address (P.O. Box Number is Not Acceptable)	į
747 PONCE DE LEON BLVD.				*
STE #406		83		4. 动脉络门边翳。
		84 City		85 Zip Code
CORAL GABLES FL 33134				1 1 1
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the		s, the above-named	corporation submits this statement for the purpose coration's board of directors. I hereby accept the app	of changing its registered contraent as registered
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the GNATURE	e State of Profital. Sour Grange was added to be obligations of, Section 607.0505, Floridated agent and title if applicable. (NOTE: F	s, the above-named thorized by the corp da Statutes.	equired when reinstating) DATE	
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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 efficier 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.