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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G67316

CARLOS A. VALDES-LORA, M.D. P.A.

(1)

FILED Mar 14 1997 8:00am Secretary of State



							AII ILU
Principal Place of Business Mailing Address						nedie Bener nähet ninte ninje ni	J11 1881
2945 8W 8 ST MIAMI FL 3313		2945 SW 8 ST. Miami FL 33135-2826					
					3. Date Incorporated or Qualified 10/25/1983	3a. Date of Last Rep 03/15/1996	oorl
	Place of Business	2a. Mailing Address		4. FEI Number Applied For		lied For	
21		26		59-2340919	Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	e of Status Desired Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution			
Zip Country		Zip Country		This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
24	25 29 29 Name and Address of Current Registered		Agent 30		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
VAI	DES-LORA, CARLOS A.	t trogistorou Agoin		31 Name	10. Hamo and Addicas of New He	graterou Agent	
	ISLA DORADA BLVD.						
	RAL GABLES FL 33143		82 Sti		Address (P.O. Box Number is Not Acceptable)		
001	THE CHOCKS I'L SO ITS			33			•
			į	34 City		₽-1 85 Zip Co	ode
44 Duraupat	to the provisions of Continue CO7 Of O	2 and CO7 1500. Flavida Ctat.	Jan the sh		and the state of t	FL 13 2 P	
office or r agent. I a	registered agent, or both, in the State refine familiar with, and accept the obligation	of Florida, Such change was itions of, Section 607,0505, F	authorized forida Statu	by the corpor les.	orporation submits this statement for the p ation's board of directors. I hereby accep	Tripose of changing its the appointment as re	gistered
SIGNATURE	Signature, typod or printed name of registered ag-n	of and to a figure patrice (%)	NIL Drawband	Apped air orbits and	pired when reinstating)	DATE	
12.	OFFICERS AND		13.	rigenic signatore rec	ADDITIONS/CHANGES TO OFFIC		iN 12
TITLE	DP	DELFTE	11100	F T	ADDITIONS/OFFANGES TO OFFIC	Change	Addition
NAME	VALDES-LORA, CARLOS A		1.2 NAM				
STREET ADDRESS	146 ISLA DORADA BLVD.			EET ADDRESS	_		
CITY-ST-ZIP	CORAL GABLES, FL 00000		1	'-ST-7IP	3	3143	
TITLE		DELETE	217111			Change	Addition
NAME			2.2 NAM	1E		_	
STREET ADDRESS			2 3 S I R	EET ADDRESS			
CITY-ST-ZIP			. I	Y-\$1-7IP			
TITLE		☐ DELETE	3.1 TITL			Change	Addition
NAME			3 2 NAN	IE		-	
STREET ADDRESS			3.3 S1R	EFT ADDRESS			
CITY-ST-ZIP				Y-S1-ZIP			
TITLE		☐ DELETE	4.1 1111			Change	Addition
NAME			4. 2 NA	и			
STREET ADDRESS			4.3 STR	EL ADDRESS			
CITY-ST-ZIP				'- ST - ZIP			
TITLE		DELETE	5.1 Tills			☐ Change	Addition
NAME			5.2 NAN	16		•	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				'- \$1 - 7IP	•		
TITLE		DELETE	611111			Change	Addition
NAME			6.2 NAN				
STREET ADDRESS				TEL ADDRESS			
CITY-ST-ZIP				-SI-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.