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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J27031 1. Corporation Name

RAFAEL A. PUIG, M.D., P.A.

Feb 16, 1999 8:00am **Secretary of State** 02-16-1999 90045 038 ***150.00

FILED



Principal Place	of Business	Walter	g Address						
% RAFAEL A. PL	JIG		AEL A. PUIG						
1208 SE 17TH S			OX 4014			. DO NOT WRITE IN THIS	SPACE		
OCALA FL 34471			4 FL 34478			3. Date Incorporated or Qualifed			
ŲS		US				07/29/1986			
						4. FEI Number	Appli	ed For	
2. Principal Pla	ce of Business	2a. M	ailing Address			59-2697946	Not A	Applicable	
21		26				39-2091940	\$8.75 Ad	<u> </u>	
Suite, Apt. #	t, etc.	Sı	uite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Requ		
_	•	27							
City & State		c	City & State			6. Election Campaign Financing \$5.00 May Be Added to Fees			
	•	28				Trust Fund Contribution		1 663	
23	Cour		ip	Count	cry	8. This corporation owes the current year Int	angible	ΩNo	
, Zìp ─_,	25	29	[:	30		Personal Property Tax.			
24	O Name and Add	iress of Current Register				10. Name and Address of New Registered	Agent		
	9. Name and Aug	ness of outfort region			Name		•	\	
PHIG	, RAFAEL A.			L.		dress (P.O. Box Number is Not Acceptable)	-		
	SE 17TH ST		82 Street A			didress (P.U. Box number is not Acceptable)			
				H-	83				
QCA	LA FL 32671			\		(新文都)。以(新春度)的開發	12 7 7 7 6 1 8	80 313H 1831	
				l la	84 City	FL	85 Zip Co	ode	
							e	egistered	
Ad Duraniant	to the provisions of S	Sections 607.0502 and 607	.1508, Florida Statute	s, the ab	ove-named co	propration submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of the purpose of the appointment of the purpose of th	intment as regi	istered	
office or re	egistered agent, or bo	oth, in the State of Florida.	Such change was au	utnorized ida Statul	by the corpora	Alloris Board of directory (
agent I a	m familiar with, and a	ccept the obligations of, o	E011011 001 100001 1 101					\	
SIGNATURE			inplicable. (NOTE:	Registered /	gent signature requ			20 111 40	
	Signature, typed or printed n	OFFICERS AND DIREC	ons of, Section 607.0505, Florida Statutes. DATE (NOTE: Registered Agent signature required when reinstating)////////////////////////////////////		(S IN 12				
12.		OF FIGURE 2	☐ DELETE	1.1 TITL	.E	\$ \$ 100 miles	☐ Change	Addition	
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TIFLE							Change	Addition	
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			_ OLCETE	2.2 NA			Change	Addition	
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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 occiver 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: