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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J93544** 

1. Corporation Name

LUIS A. ALVAREZ, M.D., P.A.

Mailing Address Principal Place of Business 3200 S.W. 60TH COURT, SUITE 302 3200 S.W. 60TH COURT, SUITE 302 MEDICAL OFFICE BUILDING MEDICAL OFFICE BUILDING DO NOT WRITE IN THIS SPACE MIAMI FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualifed 09/17/1987 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0005602 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Certifcate of Status Desired  $\Box$ Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be · Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ALVAREZ, LUIS A., M.D. Street Address (P.O. Box Number is Not Acceptable) 6800 SW 40TH ST S-455 83 MIAMI FL 33155 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN\12 13. 12. OFFICERS AND DIRECTORS DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE ALVAREZ, LUIS A M.D. 1.2 NAME NAME 6800 SW 40TH ST. S-455 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CiTY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CRY-ST-ZIP CITY-ST-ZIP \_\_ Change \_\_ Addition C DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY+ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE ☐ Change DELETE TITLE

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

Mar 10, 1999 8:00 am

Secretary of State

03-10-1999 90047 038 \*\*\*150.00