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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90035 045 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K11326

1. Corporation Name

FLOR M	IAYORAL VEGA, M.D., P.A.								
Principal Plac	ce of Business	Mailing Address			٠.	7	# 1007/05/19 1001 110/01 15/00 0 15/10 110/50 0 1/11 01	All Arbis Miksi Albii As	811 9/8() 188)
% FLOR MAYORAL VEGA. M.D. 5975 SUNSET DR 5975 SUNSET DR S. MIAMI FL 33143 S. MIAMI FL 33143			ega. M.D.	I.D.		3.	DO NOT WRITE IN T	HIS SPACE	· · ·
		•					01/01/1988		
2. Principal F	Place of Business	2a. Mailing Address				4.	FEI Number	Арр	lied For
21		26					<u>65-0034337</u>		Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc	•			5.	Certifcate of Status Desired	\$8.75 A	
City & Sta	te .	City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country 25	Zip	30 Co	untry		8.	This corporation owes the current year Personal Property Tax.		⊒No
57	9. Name and Address of Currer		00			10.	Name and Address of New Register	ed Agent	
	·			81	Name				
MAYORAL, FLOR M 5975 SUNSET DR				82	Street Addre	ess (P	O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
S. MIAMI FL 33143				83				Trust Collins	1 \$ 34 5
				84	City			85 Zip C	ode
agent. I a	am familiar with, and accept the obligation of the standard of	tions of, Section 607.0505	i, Florida Sta	tutes.	t signature required		pard of directors. I hereby accept the appearance of directors.		•
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELET	E 1.1 T	ITLE			11 12 12 12 1	Change	Addition
NAME	MAYORAL, FLOR M		1.2 N	IAME			7 34 7		
STREET ADDRESS	5975 SUNSET DR	•	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	S. MIAMI FL			TY-ST	-ZIP				
TITLE		☐ DELET						☐ Change	Addition
NAME			2.2 N					•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DELET		CITY-S	T-ZIP			Change	Addition
NAME			3.2 N					— ontaing#	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY-S	1				
TITLE									
NAME .		☐ DELET	E 4.1 T	IILE	1 .			¹ ☐ Change	د، 🔲 Addition
STREET ADDRESS		☐ DELET		NAME	· ·			Change ∴	دِّد Addition عَالَمُ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِقِينَ الْمُعَالِقِينَ
		☐ DELET	4.21	NAME	ADORESS			Change	t Addition على الم
CITY-ST-ZIP			4.2 N 4.3 S 4.4 C	NAME TREET	l	•			
		☐ DELET	4.2 f 4.3 \$ 4.4 C E 5.1 T	NAME TREET STY-ST	l			Change	Addition
CITY-ST-ZIP TITLE NAME			4.2 N 4.3 S 4.4 C E 5.1 T 5.2 N	NAME TREET SITY-ST ITLE NAME	- ZIP				
CITY-ST-ZIP			4.2 M 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S	NAME TREET SITY-ST ITLE NAME	-ZIP ADDRESS				

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

-29-99 305-665-6166

Change

Addition