## PROFIT ( CORPORATION ANNUAL REPORT



FLÓRIDA DEPARTMENT OF STATE

1999 DOCUMENT # K294(0

Guillemo Achorg M.D. P.A.

**FILED** Katherine Harris May 17, 1999 8:00 am Secretary of State Secretary of State DIVISION OF CORPORATIONS

05-17-1999 90006 020 \*\*\*150.00

Principal Plac	e of Business	Mailing Address	•			
Guille	eemo Achoing H.C	).				
6006	. 19th Street.			DO NOT WRITE IN	THIS SPACE	
0406	J. 1911 That is a		,	3. Date Incorporated or Qualifed		
	EAH, FLA 3301				_	
	lace of Business	2a. Mailing Address	L CTO - T	4. FEI Number	Ap	plied For
21 690 6 Suite, Apt.	E.49thSTreet	26 (Q() E 4Q) Suite, Apt. #, etc.	h STREET.	59-2612376		t Applicable
22	NONE.	27 NONE	<i>5</i> .	5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Re	
City & Stat		City & State	<u></u>	6. Election Campaign Financing	\$5.00	<del></del>
23 / 17 (	alean MA	28 Itialla	<b></b>	Trust Fund Contribution	Added t	
Zìp	Country	Zip 172 1/2 5	Country	8. This corporation owes the current year		
24 <u>350</u>	25 JUGE 1		30 Dade	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current		81 Name	10. Name and Address of New Registe	ered Agent	
IKA	Sharipo, P.A. A	TTORNEY			<del></del>	
	•	•	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
163	75 N.E. 1844 AU	E	83			
1100	2th MIAMI BEA	ch PIA 3316	2 84 City		1-1	
100k	EPT) MITAMI ~-		84 City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpos	se of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was au ons of, Section 607.0505, Flor	thorized by the corporation da Statutes.	on's board of directors. I hereby accept the a	appointment as req	istered
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature required			
12.	OFFICERS AND	DIRECTORS	13.	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
<b>12.</b> πτιε	GUITER MO ACHORA	DIRECTORS  N.D. P.A. DELETE	13.			RS IN 12
12. TITLE NAME	GUITER MO ACHORA	DIRECTORS  N.D. P.A. DELETE	13. 1.1 TITLE 1.2 NAME		S AND DIRECTO	
12. TITLE NAME STREET ADDRESS	Guiller mo Achora 690E. 49th Street	DIRECTORS  3 N.D PAP DELETE  1 , 305 687 3441	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		S AND DIRECTO	
12. TITLE NAME	GUITER MO ACHORA	DIRECTORS  3 N.D PAP DELETE  1 , 305 687 3441	13. 1.1 TITLE 1.2 NAME		S AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Guiller mo Achora 690E. 49th Street	DDIRECTORS J. N.D. P.A. DELETE Dt., 305 689 3441 113/ARESIDENT	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		S AND DIRECTO	☐ Addition
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