Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90126 014 ***150.00

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

	1/40040
DOCUMENT #	KANKIK
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1. Corporation Name

RICHARD D. NADAL, M.D., P.A.

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Principal Place	e of Business	Mailing Address				- 1 (88)8))) 841 81881 1816	18 ilikt lidia aiti alasi i	IIII! RIB!I BIBII	A(BI) EIBH (BBI
C/O RICHARD	PRICHARD D. NADAL 1 S MIAMI AVENUE #602 C/O RICHARD D. NADAL 3661 S MIAMI AVENUE #602				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33133	3	MIAMI FL 33133				3. Date Incorporated or Q	ualifed	-	
·		•				11/23/1988			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	·	As	oplied For
— ·	lace of business	⊢ *			_	65-0094767	44 f . 4W		ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.							Additional
22 Suite, Apr.	#, dic.	27 Suite, Apr. #, etc.				5. Certifcate of Status De	sired 🗆	Fee R	equired
City & State	e	City & State				6. Election Campaign Fina	- 1	7	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Coi	untry		This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent		+	-	10. Name and Address o	f New Registered	Agent	
ŧ				81	Name			:	}
ŅAD	al, richard d.			82	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
j≅: 3661	I S MIAMI AVE 602	Salar Sa	·	.	0,1001,1001			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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14 Durguant	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es the	above-i	named corpo	pration submits this statement	for the purpose o	changing its	registered :
office or n	egistered agent or both in the State of	f Florida: Such change was a	uthorize	ea by th	e corporation	n's board of directors. I hereb	y accept the appo	intment as re	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fig	rida Sta	itutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE	- Danietara	d Agent s	ionature required	when reinstating)	DATE		—— ì.
12.	OFFICERS AND		13.		signature required	ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	ORS IN 12
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NAME	NADAL, RICHARD D.	,			000000				
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CITY-ST-ZIP		•	3.4.	CITY-ST-	ZIP				
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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 receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in 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

SIGNATURE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE.

1/26/99

302.824.(861

Addition

Daytime Phone #

☐ Change