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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K93443** 

(5)

**FILED** Apr 04 1997 8:00am Secretary of State

| ALBERTO J. CABAN-ALEMANY, M.D., P.A.  Principal Place of Business Mailing Address  * ALBERTO J. CABAN ALEMANY * ALBERTO J. CABAN ALE 11880 SW 40TH ST. STE 105 11880 SW 40TH ST. STE 10 MIAMI FL 33175 MIAMI FL 33175-3573  |  |  |   |  |  |   |                         |                                     |   |
|---|--|--|---|--|--|---|-------------------------|-------------------------------------|---|
|   |  |  |   |  |  | 3. Date Incorporated or Qual<br>06/07/1989  |                         | ate of Last  <br>01/1996            | Report  |
|   | ice of Business  | 2a. Mailing Address                                      |   |  |  | 4. FEI Number   |                         | <u>`</u>                            | pplied For  |
| 21  |  | 26   |   |  |  | NOT APPLICABLE  |                         |                                     | lot Applicable  |
| Suite, Apri. #<br>22  | , <b>et</b> c  | Suite, Apt #, etc.                                       |   |  |  | 5. Certificate of Status Desire   | d 🔲                     |                                     | Additional<br>legulred                                |
| City & State  | ,                                    | City & State   |   |  | <del></del>                            | 6. Election Campaign Financi  | ng                      |                                     | May Be  |
| 23  |  | 28   |   |  |  | Trust Fund Contribution   | <u> </u>                |                                     | I to Fees   |
| Ζφ<br><b>24</b>   | Country  | Zip  | <u> </u>  | untry  |  | 8. This corporation has liabilit  | y for intangible<br>Yes |                                     | s. 199,032.   |
| 24  | 25  <br>9. Name and Address of Currer                                      | 29]<br>nt Registered Agent                               | 30  | T  |  | Florida Statutes  10. Name and Address of Ne  |                         |                                     |   |
| ALEN  | AANY, ALBERTO J. CABAN   |  |   | 81 Na  | ne                                     |   |                         |                                     |   |
|   | 0 SW 40TH ST   |  |   | B2 Str   | et Addre                               | ess (P.O. Box Number is Not Acc   | eptable)                |                                     |   |
|   | E 105  |  |   |  |  |   |                         |                                     |   |
| MIAN  | II FL 33175  |  |   | 83   |  |   |                         |                                     |   |
|   |  |  |   | <b>84</b> Cit  | /                                      |   | FL                      | <b>85</b> Zip                       | Code  |
| office or ten   |  |  | e authoriza   | id by the  | corporatio                             | ion's board of directors. I becable   | accent the ani          |                                     |   |
| SIGNATURE S   | lignar ire, typed or pented harm of registered ag                          | ent and the if applicable (N                             | OTE: Rogistere  |  |  | oration submits this statement for<br>on's board of directors. I hereby<br>ed when reinstating) | DATE                    |                                     |   |
| SIGNATURE S   | dgeur ins, typed or printed barrier of registered ap<br>OFFICERS AN        | ent and the if applicable (N<br>ID DIRECTORS             | OTE: Registere  | ad Agent sign  |  |   | DATE                    | DIRECTO                             | RS IN 12  |
| SIGNATURE S   | OFFICERS AN  | ent and the if applicable (N                             | OTE: Registere  | ad Agent sign  |  | ed when reinstating)  | DATE                    |                                     |   |
| SIGNATURE S   | dgeur ins, typed or printed barrier of registered ap<br>OFFICERS AN        | ent and the if applicable (N<br>ID DIRECTORS             | OTE: Rogistere  13. 1.1 T   | ad Agent sign  | ature require                          | ed when reinstating)  | DATE                    | DIRECTO                             | RS IN 12  |
| SIGNATURE S 12. HILE  | OFFICERS AN  D  ALEMANY, ALBERTO J. C.                                     | ent and the if applicable (N<br>ID DIRECTORS             | OTE: Registers  13. 1.1 T 1.2 N 1.3 S   | ad Agent sign<br>ITLE<br>IAME  | ature require                          | ed when reinstating)  | DATE                    | DIRECTO                             | RS IN 12  |
| SIGNATURE  12.  HILE HAME SIBELLADDRESS CHY-ST-ZIP HILE   | OFFICERS AND  OFFICERS AND  ALEMANY, ALBERTO J. C.  11880 SW 40TH ST #105  | ent and the if applicable (N<br>ID DIRECTORS             | OTE: Registers  13. 1.1 T 1.2 N 1.3 S   | ad Agent sign<br>ITLE<br>IAME<br>ITREET ADDRI  | ature require                          | ed when reinstating)  | DATE                    | DIRECTO                             | RS IN 12  |
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