Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION **ANNUAL REPORT**

1999

2. Principal Place of Business

Suite, Apt. #, etc.

21



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L20921

THE 98 & 40 ST. MEDICAL CLINIC, INC.

Mailing Address Principal Place of Business % ARMANDO ZALDIVAR C/O ARMANDO ZALDIVAR P. O. BOX 441489 9845 SW 40 ST. MIAMI FL 33144-1489 MIAMI FL 33165

26

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2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90048 038 ***150.00

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

10/03/1989

65-0152533

4. FEI Number



DO NOT WRITE IN THIS SPACE

City & State City & State					6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to) Fees
Zip	Country	Zip	_ '		8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Cu	rent Registered Agent			10. Name and Address of New Register	red Agent	
			81	Name			•
ZALDIVAR. ARMANDO 12200 VISTA LANE MIAMI FL 33156				Street Addre	ess (P.O. Box Number is Not Acceptable)	•	
					<u> </u>	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	2 2 22. 1 27.
					等。在一个人们是一个人们的人们的人,是一个人的人。 第一个人们的人们的人们的人们的人,是一个人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人		
			84	City		85 Zip C	
						┍┺┈│	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the above	e-named corpo	oration submits this statement for the purpos	e of changing its	registered
		ate of Florida. Such change was digations of, Section 607.0505, Fl			on's board of directors. I hereby accept the a	ppointment as ret	Jistereu
agent 1 a	m tamiliar with, and accept the or	nigations of, Section 607.0505, 11	onda otatotoa		· •-	,	, ,
SIGNATURE	Signature, typed or printed name of registered	Lacent and title if applicable. (NOT	E: Registered Ager	nt signature required	d when reinstating) DATI		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	RS IN 12
TITLE	PRES	DELETE	1.1 TITLE		5,31,77	☐ Change	☐ Addition
NAME	ZALDIVAR, ARMANDO		1.2 NAME				•
	12200 VISTA LANE		13 STREE	TADDRESS	· *;	* 2 · t	
STREET ADDRESS	MIAMI FL		1.4 CITY-S	,			
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.1 TITLE			☐ Change	Addition
TITLE		 • • • • • • • • • • • • • • • • • •	2.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			2.4 CITY-	ļ			
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31- ZIF	, ,	☐ Change	Addition
TITLE			3.2 NAME				
NAME	et die			TADDRESS		a an or the	-1 . 1 at . 4 .
STREET ADDRESS			1	1			
CITY-ST-ZIP		□ DELETE	3.4. CITY-1 4.1 TITLE	51-ZiP		. ☐ Change	Addition
TITLE					• • • • • •	<u> </u>	_
NAME			4. 2 NAME				*
STREET ADDRESS	·		1	TADDRESS			
CITY-ST-ZIP		□ per err	4.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	. Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		* * 4,55		
NAME			*	T ADDRESS	•		
STREET ADDRESS	la est				**************************************		
CITY-ST-ZIP			5.4 CITY-5 6.1 TITLE	51-2IP		Change	□ Addition
TITLE		☐ DELETE		Ì		□ change	
NAME			6.2 NAME			•	
STREET ADDRESS	'			TADDRESS		-	
CITY-ST-ZIP			6.4 CITY-	ST- ZIP			
14. I hereby	certify that the information supplie	his filing does not qualify	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes, I further e shall have the same legal effect as if made	er certify that the i	iniormation Lam an

Securious report is note and accurate and matting signature shall have the same legal effect as it made under oath, that i am at siver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in chment with any address, with all other like empowered. officer or director of the corporation or Block 12 or Block 13 if changed, or on

SIGNATURE

2012 Nausvoo A. Zavoluna 01-20-99