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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Apr 28 1998 8:00am Secretary of State

1. Corporation Name PASTOR M.	· TORRES, M.D., P.A.	o (o,						
Principal Place of Bu	usiness	Mailing Address				i idea grant debet d	LAN DIQUI OU	JUJ DOBIH FORF
865 E 49 ST HIALEAH FL 33013		665 E 49 ST HIALEAH FL 33013				rs II. T I 10 00		
					DO NOT WRIT		ACE.	
					3. Date Incorporated or Qualified 02/23/1990	······································		
2. Principal Place of 21	f Business	2a. Mailing Addres	·s		4. FEI Number 65-0038045			oplied For ot Applicable
Suite, Apt ₩, etc.		Suite, Apt. #, el	tc.		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State		City & State			6. Election Campaign Financing	<u> </u>	\$5.00	
23 Zip	Country	28 Zip	T Cou	untry	Trust Fund Contribution		Added	
24	25	29	30	OT ILL Y	This corporation owes or has p Personal Property Tax due Jur			angible No
	Name and Address of Curren		190	1	10. Name and Address of New F			<u> </u>
	S, PASTOR M., M.D.	-		81 Name				
665 E 49 ST				82 Street Add	ress (P.O. Box Number is Not Accepta	able)		
HIALEAH	H FL 33013			83				
				84 City		FL	85 Zip (Code
44 Durawant to the	providings of Sections 507 050	2 and 607 1509 Florida	Statutes the s	baya samad sare	position authorite this statement for the		hanaina it	o registered
11. Pursuant to the poffice or register agent. I am fami	provisions of Sections 607.050 red agent, or both, in the State iliar with, and accept the obligi	2 and 607.1508, Florida of Florida. Such change ations of, Section 607.05	Statutes, the a was authorize 05, Florida Sta	bove-named corp d by the corporal tutes.	poration submits this statement for the tion's board of directors. I hereby acc		hanging it ntment as	s registered registered
SIGNATURE							hanging it ntment as	s registered registered
SIGNATURE	provisions of Sections 607.050 red agent, or both, in the State illiar with, and accept the obligate, the provided representation of the obligation of the provided representation of the obligation of the obliga	et and litte if applicable		ed Agent signature requi		purpose of cl ept the appoir		
SIGNATURE Signature 12. TITLE PS	re, typed or punied name of registered age OFFICERS ANI	et and litte if applicable	(NOTE: Registere	ed Agent signature requi	ired when reinstating)	purpose of clept the appoir DATE ICERS AND D		
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officer or director of the corporation or the receiver or trustee empears in accurate 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 expectation of the corporation or the receiver or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or the receiver or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or the receiver or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or the receiver or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation or trustee empears in Block 12 or Block 13 if changed, or on an attachment with an expectation of the corporation of the c

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