

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90132 040 ***150.00

DOCUMENT # L58371

1. Corporation Name

CLINICAL AND DEVELOPMENTAL INSTITUTE CORP.

Principal Place of Business

1150 NW 72 AVE 7805 Coral Way
SUITE 100 Suite 101
MIAMI FL 33126
US Miami, FL 33155

Mailing Address

1150 NW 72TH AVE P.O. Box
SUITE 100 521742
MIAMI FL 33126
US Miami, FL 33152-1742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1990

4. FEI Number

65-0162085

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 7805 Coral Way, Suite 101
Suite, Apt. #, etc. Suite 101

23 City & State Miami, FL

24 Zip 33155 Country USA

2a. Mailing Address

26 P.O. Box 521742
Suite, Apt. #, etc.

28 City & State Miami, FL

29 Zip 33152-1742 Country Miami-Dade

9. Name and Address of Current Registered Agent

REDONDO, JOSE PH D
1150 NW 72TH AVE SUITE 100
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable) 7805 Coral Way, Suite 101
83
84 City Miami FL 85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME REDONDO, JOSE PEDRO
STREET ADDRESS 9600 SW 102 STREET
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR P. Redondo, Ph.D. Pres. 4/15/99 (605) 260-9920

CR2E034 (11/98)