() ()	1				1	NG THIS FORM.	
AP RFIN	PLICATION FOR ISTATEMENT		A DEPARTME Sandra B. 160 Secretary of S	rtham State		FILED	
DOC			IVISION OF CORPO	PRATIONS	97 MA	R 1 1 MM 10: 49	
REIN DOC 1. Corpor	DOCUMENT # 1 1049 1. Corporation Name CRISTIAN BRETON, M.D., P.A.				SECHETARY OF STATE TALLAHASSEE, FLORIDA		
Sui MIA	N. ICENDALL DR., HE 104 MI, FL 33156 addresses are incorrect in any way, line	Minn	Mailling Address 7400 N. Kundall D.R. Swite 104 MIAMI, FL 33156 gh incorrect information and enter correction below.		REINS	TATEMENT 96-97	
2. New Pr	incipal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt.		Suite, Apt. #	Suite, Apt. #, etc. City & State		5. FEI Number 65 0202533 Applied For Not Applicable		
Zip	Country	Zip	Count	ry	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer a	nd/or Director (Flo		·			
(a)eltiT	Title(s) Name of Officers and/or Directors		Str Off			City / State / Zip	
1 (Interes)	P BRETON, CRISTIAN		3 (DO NOT Use Post Office Box 1 7301 SW 61 ST 57 MIAMI, FL 3314		NEET 3	MIAMI, F2, 33143	
1					5i	00002112695—3 -03/13/9701082006 ****923.75 ****923.75	
4	8. Name and Address of Curre	ni Registered Age			Q Name and A	ddress of New Registered Agent	
". 	BORDA PRICIAN F. Name					- Carrier Carr	
	7301 SW 61St St. Street Address (P.					.O. Box Number is Not Acceptable)	
	BRETON, CRISTIAN F. 7301 SW 61St St. MIAMI, FL 33143 Name Street Act Suite, Ap				Apt. #, Etc.		
	City					State Zip Code	
Signature of Registered		REGISTERED AG	>	ith and accept the ob	ollgations of Section	Date 2/27/97	
\Box De	pes this corporation pay opt. of Revenue under S	any intang 3. 199.032,	ible tax to th Florida State	ne utes. Yes[∑ No [(See other side for information on intangible tax.)	
this rein owed by on this a	statement application, the reason for de	ssolution has been ie names of individ	eliminated, the corpo uals listed on this for	orate name satisfies (m do not qualify for a	the requirements of an exemption und	oter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated	
SIGNA1	TURE: DINNE	PRINTED NAME OF S	IGNING OFFICER OR (DIRECTOR		2/27/97 (305) 670-4424 Daylime Phone #	