

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathwin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L77469 (9)

1. Corporation Name

MIXSON AND SEPULVEDA, M.D., P.A.

Principal Place of Business

6280 S.W. 72ND STREET
SUITE 500
SOUTH MIAMI FL 33143

Mailing Address

6280 S.W. 72ND STREET
SUITE 500
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/30/1990

3a. Date of Last Report
04/19/1994

4. FEI Number
65-0193425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MIXSON, ROBERT D., M.D.
6280 SW 72ST #500
S MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

JAIME L. SEPULVEDA, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

6280 SW 72 ST #500

84 City

S. MIAMI

FL

85 Zip Code

33143

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

Jaime L. Sepulveda

JAIME L. SEPULVEDA, M.D.

4/14/95

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
SEPULVEDA, JAIME L MD
5125 DONATELLO ST
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
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STREET ADDRESS
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

PRESIDENT
SEPULVEDA, JAIME L MD
5125 DONATELLO ST
CORAL GABLES, FL

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

☒ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Jaime L. Sepulveda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAIME L. SEPULVEDA, M.D.

4/14/95 (305) 667-4511

Original Filing #