

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **M02015** (9)

95 MAY -1 PM 3:23

1. Corporation Name

ROBERTO J. CALDERON, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% ROBERTO J. CALDERON, M.D.
12095 SW 49 ST
MIAMI FL 33175

% ROBERTO J. CALDERON, M.D.
12095 SW 49 ST
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2417543

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Finance

\$5.00 May Be
Added to Fees

7. This corporation has liability for corporate tax under the Florida

Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt #, etc

26 Suite Apt # etc.

22 City & State

27 City & State

23 City

24 State

28 City

29 State

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CALDERON, ROBERTO J., M.D.
12095 SW 49 ST
MIAMI FL 33185

81 Name

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

83

84 City

FL

85 Zip Code

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 officer 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 of Registered Agent)

(Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	CALDERON, ROBERTO J., MD
STREET ADDRESS	12095 SW 49 ST
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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CITY, ST, ZIP	
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NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Subchapter 119.012, Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as 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 by statute to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report, or in an attachment with an address.

SIGNATURE: *

SIGNATURE AND TITLE OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

Roberto J. Calderon MD

4/29/15

(805) 227-236