FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M10426

(8)

CEFERINO PADILLA M.D., P.A.

Feb 06 1997 8:00am Secretary of State

FILED



Principal Place of Business			Mailing Address) TODJODIT FOL TINS CONSTRUCTOR ESTE ESTE OLIVER OLIVE ANDIE ANDIE ANDIE ANDIE ANDIE ANDIE ANDIE				
10404 WEST FLAGLER. SUITE #15 P.O. BOX 651112-33265-1112 MIAMI FL 33174		P.O.	10404 WEST FLAGLER. SUITE #15 P.O. BOX 651112-33265-1112 MIAMI FL 33174-1615									
									Date Incorporated or Qualified 01/23/1985		ate of Last /22/199(
2. Principa P	hace of Business	2a. N	lailing Address					4. 1	FEI Number			Applied For
21		26						╁	59-2489738			Not Applicable
Suite Apt	# etr:	27 S	iuite, Apt. #, etc.					5. (Certificate of Status Desired	X		Additional Required
City & Stat	0	С	ity & State					6. 6	Election Campaign Financing		\$5.0	O May Be
23		28							Trust Fund Contribution		Adde	d to Fees
Zφ	Country	Z	lip.	L	Country	1			This corporation has liability for			s. 199.032,
24	25	29		30						Yes		
	9. Name and Address of Curre	ent Register	red Agent		81	Τ.	NI	10.	Name and Address of New Re	gistered	Agent	
	DILLA, CEFERINO				81	'	Name					
	0 SW 103 CT CIRCLE				82	1	Street Addre	ess (P.	O. Box Number is Not Acceptat	ole)		
MIA	MI FL 33173				-	ļ						
					83	1						
					84		City				85 Zi	p Code
							•			FL	.	,
11. Pursuant	to the provisions of Sections 607.05 rely sterout agent, or both, in the Stat	02 and 607	.1508, Florida Statu	tes, the	e abov	e-r	named corpo	oration	submits this statement for the p	ourpose o	f changing	its registered
agent La	registerou agent, or born, in the stat gm famylar with, and accept the obs	gations of, S	Section 607.0505, F	lorida (izeo bi Statute:	y≀ı S.	ne corporatio	IOTI S LK	dard of directors, i hereby acces	or me apt	OUTURNETTE :	as registereti
SIGNATURE	1/2011/12			,								
0101011011	Sign and the Land	gan and their c	oppicable (NC	Ti: Regis	tered Ag	ent	signature require	ed when r	reinstating)	DATE		
12.	OFFICERS A	ND DIRECT			3.			A	DDITIONS/CHANGES TO OFFICE	CERS AN		
THE	PO		DELETE	1	.1 TITLE						Chang	e Addition
NAME	PADILLA, CEFERINO			1	.2 NAME							
STREET ADDRESS	7150 SW 103 CT CIR			- 1	.3 STREET	7 AC)DRESS					
CiTY+ST-ZiP	MIAMI FL				4 CITY-S	ST-	ZIP					
TIFLE	TSD		☐ DELETE	2	.1 IITLE						Chang	e Addition
NAME	PADILLA, GILDA			2	.2 NAME							
STREET ADDIESS	7150 SW 103 CT CIR			2	.3 STREET	T AE	DDRESS					
C!TY - ST - ZIP	MIAM! FL				. 4 CITY-	ŞT-	-ZIP					
TITLE			DELETE	3	L1 TITLE						Chang	e 🔲 Addition
NAME				3	.2 NAME							
STREET ADDRESS				3	.3 STREE	TAE	OORESS					
City - ST - ZIP					4 CITY-	ST-	· ZIP					
TITLE			DELETE	4	I TITLE						Chang	e 🔲 Addition
NAME				4	I. 2 NAME							
STREET ADDRESS				4	.3 STREE	T AL	CORESS					
CITY - S1 - ZIP					4 CITY-	ST-	ZIP		· · · · · · · · · · · · · · · · · · ·			
TOLE	; ;		DELETE	5	LI TITLE						Chang	e 🔲 Addition
NAME	1			5	.2 NAME							
STREET ADDRESS] :	.3 STREE	T A	DDRESS					
CITY - ST - 7/P	J				4 CITY-	ST-	ZIP					
THE			DELETE	(1 TITLE						Chang	e 🔲 Addition
NAME				6	2 NAME							
STREET ADDRESS					3 STAEE	T A	DDRESS					
CITY-ST-ZiP					4 DITY-	sr-	ZIP					

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this formula poport 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 dopporation 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 Juchanged, or or an attachment with an address.

SIGNATURE:

01-14-91 (305)559-02-18