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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # M22636

(8)

| | ON J. IGLESIAS, M.D. PRO | Mailing Address | | - | | | | | |
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| 7000 SW 6 | N J. IGLESIAS MD 2ND AVE SUITE 525 | C/O RAMON J. 7000 SW 62ND | AVE #525 |) | | | | | |
| S MIAMI FL US | L 33143 | S MIAMI FL 331 US | 46 | | | 3. Date Incorporated or Qualifi | ed 3a. Da | le of Last Re | eport |
| | | | | | | 10/29/1985 | | 02/08/19 | 95 |
| | hace of Business | 2a. Mailing Addres | iS | | | 4, FEI Number | | | Applied For |
| 1] Suite, Apt | # oto | 26 Suite, Apt. #, e | ale. | | | 59-2599996 | | | Not Applicable |
| 2 | | 27] | | | | 5. Certificate of Status Desired | <u></u> | Feel | Additional Required |
| Oty & Stal 3 | le | City & State | | | | Election Campaign Financin Trust Fund Contribution | ⁹ 🗆 | | May Be |
| τμ | Country | Zip | | Country | | This corporation has liability | for intangible | | |
| 4 | 25] | 29 | 30 | | | · | Yes No | | , , , |
| | 9. Name and Address of Curre | ent Registered Agent | · · · · · · · · · · · · · · · · · · · | <u> </u> | | 10. Name and Address of Ne | w Registered | l Agent | |
| | | | | 81 Nar | пе | | | | |
| iglesi | AS, RAMON J. MD | استفقيقية | 1-0- | 82 Stre | eet Addres | is (P.O. Box Number is Not Acce | ptable) | | |
| 4889 P | ONCE DE LEON BLVD 7000 | OUGANLA | 3 6 6 | _ _ | | · | | | |
| 3RD-FI | AS, RAMON J. MD PONCE DE LEON BLVD PONCE DE LEON BLVD PONCE SELECTION CARLES ELECTION CARLES ELECTION | 41 FL 831 | 43 | 83 | | | | | |
| CORAL | - GABLES FL-93146 | | | 84 City | , | | | 85 Zr | o Code |
| 11 Pursuant | to the provisions of Sections 607.050 | 02 and 607 1508 Florida | Cratutae the e | abovo pamov | d paragest | ion a sharite this atotement for the | FI | | : |
| or registe | red agent, or both, in the State of Ho | xida. Such change was a t | ithorized by th | ne corporatio | n's board | of directors. I hereby accept the | appointment a | ianging its r is registered | egistered office Lagent. Lam |
| | ith, and accept the obligations of, Se | ction 607.0505, Florida St | atutes. | | | | | | |
| SIGNATURE | | | | | | | | | |
| | Standard types for printed name of registered aux | aid and tricid applicable | /NOTE Facuste | ered Agent signal | ike feduned e | dien registatusi | DATE | | |
| | Styriature, typical or printed name of registered age OFFICE'RS A | and and this it applicable ND DIRECTORS | | ered Agent signat | ure recomed v | | DATE OFFICERS AN | D DIRECTO | RS IN 12 |
| 12. | | | 1: | | dre rechined v | hen reinstahrig) ADDITIONS/CHANGES TO | OFFICERS AN | D DIRECTO Change | RS IN 12 |
| 12. Nille | OFFICERS A | ND DIRECTORS DELET | 1 : | 3. | | ADDITIONS/CHANGES TO | OFFICERS AN | Change | Addition |
| 12. THEE | OFFICERS A DP IGLESIAS, RAMON J. 4689 PONCE DE LEON BL | ND DIRECTORS DELET 7000S & 62 AVE | 11. 1. 1. | 3. 1 TITLE | SS 700 | ADDITIONS/CHANGES TO | OFFICERS AN | Change | Addition |
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SIGNATURE: X

TING OFFICER OR DIRECTOR X 2-04-96 X(305) 661-0088