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FILED

Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M33132 (5)

1. Corporation Name

LYDIA M. USATEGUI, M.D. P.A.

Principal Place of Business

~~3700 N. KENDALL DR.~~  
~~3305~~  
MIAMI FL 33176  
US

Mailing Address

~~3700 N. KENDALL DR.~~  
~~3305~~  
MIAMI FL 33176-2206  
US

3. Date Incorporated or Qualified  
06/02/1986

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 8700 N. KENDALL DR.

Suite, Apt. #, etc.

22 UNIT 201

City & State

23 Zip

Country

24

2a. Mailing Address

26 8700 N. KENDALL DR.

Suite, Apt. #, etc.

27 UNIT 201

City & State

28 Zip

Country

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30

4. FEI Number

59-2683632

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

USATEGUI, LYDIA B.  
8880 S.W. 86TH ST.  
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

33176

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

Signature type for present name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE  
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CITY - ST - ZIP  
1.2 TITLE  
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CITY - ST - ZIP  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lydia M. Usategui

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-595-5959

112

CR2E034 (9/96)