Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90119 046 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M34312

1, Corporation Name

MARIO M. PEREZ, O.D., P.A.

Principal Place of Business	Mailing Address		- I 48018911 188 11141 E1800 14101 11840 1161 aioit	ATOM DIGHT AFOR DIE	III 11111 1001
C/O MARIO M. PEREZ	C/O MARIO M. PEREZ				
11810 S.W. 24TH TERRACE 11810 S.W. 24TH TERRACE					
MIAMI FL 33175	MIAMI FL 33175		DO NOT WRITE IN THI	S SPACE	
			3. Date Incorporated or Qualifed		ł
	A A - Min - A state		06/26/1986 4. FEI Number	Appl	lied For
2. Principal Place of Business	2a. Mailing Address		59-2817688		Applicable
21	Suite, Apt. #, etc.		3972017000	\$8.75 Ac	
Suite, Apt. #, etc.	27		5. Certificate of Status Desired	Fee Req	
City & State	City & State	-	6. Election Campaign Financing	\$5.00 N	Aav Be
23	28		Trust Fund Contribution	Added to	, ,
Zip Country	Zip	Country	8. This corporation owes the current year In	ntangible	
24 25		10	Personal Property Tax.	∐ Yes [	□No
g. Name and Address of Current			10. Name and Address of New Registered	d Agent	
	····	81 Name			1
PEREZ, MARIO M.		82 Street Add	tress (P.O. Box Number is Not Acceptable)	<del></del>	
11810 S.W. 24TH TERRACE	٠	02 0110017100			
MIAMI FL 33175		83			
	,	84 City		85 Zip C	ode
			FI FI	Llli	
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the sections of Sections 607.0502.	it Florida. Such change was au	inorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing its re ointment as regi	egistered istered
agent. I am familiar with, and accept the obligate	ons of, Section 607.0505, Flori	da Statutes.			
agent. I am familiar with, and accept the obligate  SIGNATURE  Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	da Statutes.	red when reinstating) DATE		
agent. I am familiar with, and accept the obligate  SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND	and title if applicable. (NOTE: 1)	da Statutes. Registered Agent signature requir		ND DIRECTOR	RS IN 12
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CITY-ST-ZIP 14. I 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 leport 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 13 if chapted or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Daytime Phone #

Change

☐ Addition