

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/18/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Jeri Smith Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M36615 (6)

1. Corporation Name
HERIBERTO CABADA-ROVIROSA, M.D., P.A.

Mailing Address
**3661 SOUTH MIAMI AVE.
SUITE 608
MIAMI FL 33133**

Principal Place of Business
**3661 SOUTH MIAMI AVE.
SUITE 608
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/11/1986	3a. Date of Last Report 05/01/1993
4. FEI Number 59-2704571	Apply for Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Principal Place of Business 25. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	30. Country
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9. Name and Address of Current Registered Agent

**CABADA-RIVOROSA, HERIBERTO
3661 S MIAMI AVE 608
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 607.0503 or 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and his or her appointment

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	P/D	11. TITLE	
12. NAME	CABADA-ROVIROSA, H.	12. NAME	
13. STREET ADDRESS	3661 S MIAMI AVE 608	13. STREET ADDRESS	
14. CITY - ST - ZIP	MIAMI FL	14. CITY - ST - ZIP	
21. TITLE		21. TITLE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY - ST - ZIP		24. CITY - ST - ZIP	
31. TITLE		31. TITLE	
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY - ST - ZIP		34. CITY - ST - ZIP	
41. TITLE		41. TITLE	
42. NAME		42. NAME	
43. STREET ADDRESS		43. STREET ADDRESS	
44. CITY - ST - ZIP		44. CITY - ST - ZIP	
51. TITLE		51. TITLE	
52. NAME		52. NAME	
53. STREET ADDRESS		53. STREET ADDRESS	
54. CITY - ST - ZIP		54. CITY - ST - ZIP	
61. TITLE		61. TITLE	
62. NAME		62. NAME	
63. STREET ADDRESS		63. STREET ADDRESS	
64. CITY - ST - ZIP		64. 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 Section 190.03(4)(b), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR