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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

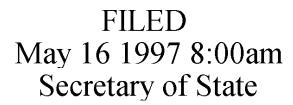
1997 DOCUMENT # M51054

(8)

JOSE A. BERRIOS OF FONTAINEBLEAU PARK, M.D., PA. .А.

Principal Place of Business 9824 FOUNTAINERI FALL REVO. Mailing Address

9624 FOUNTAINERLEAU BLVD.





MIAMI FL 331	172	MIAMI FL 33172-4104							
					3. Date incorporated or Qualified 04/27/1987		3a. Date of Last Report 04/25/1996		
2. Principal Place of Business 26.		2s. Mailing Address		······································	4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For	
1		26			65-0122245	·		lot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State		City & State	28		6. Election Campalgn Financing Trust Fund Contribution  5.00 May Be Added to Fees				
Ζφ 4	Country 25	<b>Z</b> (p)	Counti	у	8. This corporation has liability for in Florida Statutes	ntangible Yes 🛭	tax under <b>I N</b> o	s. 199.032,	
b	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	pistered A	gent		
βE	RRIOS, JOSE A.		81	Name	•				
	24 FOUNTAINBLEAU BLVD.		8:	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
MU	AMI FL 33172		8:				<del></del>		
	•		8	City		<b></b>	85 Zip	Code	
F - T FF8337-F7					rporation submits this statement for the p ation's board of directors. I hereby accep	<u>FL</u>		<del></del>	
agent Ta SiGNATURE	Signature appeal or printed name of registance				uired when reinslating)	DATE		·	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
THT (F	PD	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	BERRIOS, JOSE A.		1.2 NAME						
STREET ADDRESS		LVD.	1.3 STREE	1 ADDRESS					
DITY - ST - ZIP	MIAMI FL		1.4 City-	ST-ZIP				T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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NAME			3.2 NAME						
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N4ME									
steel i adoress Chit-St-Zip				T ADDRESS					

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