PROFIT CORPORATION ÁNNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M58805 1. Corporation Name

COYA MEDICAL CENTER P.A.

Principal Place	e of Business	Mailing Address					***************************************	
10534 S.W. 8 ST.		10534 S.W. 8 ST.						
MIAMI FL 33174		MIAMI FL 33174						
* 1					DO NOT WRITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·	ı
10	•				3. Date Incorporated or Qualifed		, ·	ı
id t	•				09/09/1987			ı
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For	27
21	•	26			359-2846071	Not	Applicable	, ,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional	٠.
22	•	27			5. Certificate of Status Desired	Fee Rec	quired	ı
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
─ `	-	28		Trust Fund Contribution Added to Fees				
23 Zip	Country	Zip	Cour	ntrv	8. This corporation owes the current year In			ĺ
─ -i `		<u> </u>	,	, a y	1 7		□No	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Registered			i
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New Registered	Agent		
TODE	RE-COYA, IVONNE F.			o i Name			}	!
			ŀ	82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	4 SW 8 ST.				a a miner on programme process	ويراعون يروف ويوموه	روفاء المترارووية	
, MIAN	AI FL 33174			83	人名英格兰特 医魏氏腺氏腺	野乳的制造 訓	独别 湯	ı
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milde a	- C	2 and 607 1509 Florida Statu	too the at	ove pamed com	poration submits this statement for the purpose o	f changing its i	registered	:
"'I Coffice or re	egistered agent, or both, in the State.	of Florida. Such change was	authonzed	by the corporati	ion's board of directors. I hereby accept the appe	intment as reg	istered	ı
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, FI	orida Statu	77 7	0000	<u> 21:00</u>		ı
SIGNATURE	- 		VV \	<i></i> / <i>-</i> _	No.	1/9/7	:	ı
in 10	Signature, typed or printed name of registered ages		E: Registered	Agent signature require				í
12.6		ID DIRECTORS	13.	`	ADDITIONS/CHANGES TO OFFICERS A			ं
TIDE,	PSD	☐ DELETE	1.1 TIT	LE		☐ Change	Addition	
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į l	DIEGO, MARIA LUISA		2.2 NA	1	•	 •	_	
NAME							ì	
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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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 09, 1999 8:00am

Secretary of State 02-09-1999 90017 036 ***150.00