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PROFIT CORPORATION ANNUAL REPORT

1997

Lani ari officer or directo appears in Block 12 or



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M60070

(3)

SOUTHEAST MEDICAL ASSOCIATION, INC.

FILED Feb 19 1997 8:00am Secretary of State



	e of Business	Mading :	Address					1 106 (DOI) IFO TIPE OF				
C/O CARIDAD A. LOPEZ 42 N.W. 27TH AVENUE. SUITE #309 MIAMI FL 33125		42 N.W.	C/O CARIDAD A. LOPEZ 42 N.W. 27TH AVENUE, SUITE #309 MIAMI FL 33125-5125									
MINMI TE GOTA	•							Date Incorporated 09/30/1987	d or Qualified		te of Last)6/1996	Report
2. Principa: F	Place of Business	2a. Mail:	ng Address				4.	FEI Number				Applied For
21		26						65-0007935	****			ot Applicab
Suce Apt	#, etc.	Suit∈	e, Apt. #, etc.				6.	Certificate of State	us Desired			Additional Required
City & Stat	le	City	& State		·····	****	6.	Election Campaig	n Financing		\$5.0	May Be
23		28						Trust Fund Contril	bution		Adde	to Fees
Zφ 24	Country 25	Zip 29		Cour 30	ntry		8.	This corporation has Florida Statutes		intangible] Yes [в. 199.032,
	9. Name and Address of Curr	ent Registered	Agent			· · · · · · · · · · · · · · · · · · ·	10.	Name and Addre	iss of New Re	gistered .	Agent	
LOP	PEZ, CARIDAD A.				81	Name				1		
	N.W. 27TH AVE. TE 309				62	Street Ad	dress (P	O. Box Number is	ber is Not Acceptable)			
	MI FL 33135			ţ	83		·				:	
				-	64	City		· · · · · · · · · · · · · · · · · · ·	······································	FL	85 Zij	Code
11 Parsuant	to the provisions of Sections 607.0	502 and 607 15	08 Florida Stati	utes the eh	nove-	named co	rporatio	n submits this state	ement for the n		changing	its registere
agent La SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Sta am fareshar with and accept the obligation typed or parts of registered in			Florida Stati	utes.			to the				
				OTE: Registered	Agen	t signature req				DATE		
12.	OFFICERS A	AND DIRECTOR	S	13.		t signature req		renstating) ADDITIONS/CHAN	GES TO OFFIC			
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