

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 19, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N95000005588**

1. Entity Name  
**DR. RAFAEL A. PENALVER CLINIC, INC.**



Principal Place of Business

**971 N.W. 2ND STREET  
MIAMI, FL 33128**

Mailing Address

**971 N.W. 2ND STREET  
MIAMI, FL 33128**



04132006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0661761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PENALVER, RAFAEL A JR.  
971 N.W. 2ND STREET  
MIAMI, FL 33128**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**000000519584  
05/02/06-80059-006 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
PENALVER, RAFAEL A  
1101 BRICKELL AVE #1700  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MORSE, LUIS  
1246 SW 15TH TERR  
MIAMI, FL 33135**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
CORONADO-MUNOZ, FLOR  
5555 COLLINS AVE #11Y  
MIAMI BEACH, FL 33140**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
EDGARD, MACIAS  
3081 NW 6TH ST  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
CANTON, PABLO  
111 SW 5TH AVE  
MIAMI, FL 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*Rafael A. Penalver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_