

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 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



01052007 No Chg-NP

CR2E037 (4/06)

**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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000599841  
01/25/07-80043-023 70.00

**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: *Luis Morse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-07