

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 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**



01312008 No Chg-NP CR2E037 (4/06)

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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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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	EXECUTIVE DIRECTOR
NAME	BORIS ALVAREZ
STREET ADDRESS	6915 # 332 MAIN ST.
CITY-ST-ZIP	MIAMI LAKES, FL 33014

U00000831265
02/27/08-80010-020 61.25

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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: *Boris Alvarez* **BORIS ALVAREZ** 2/14/2008 305) 545-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
x-6