FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000024303 (8)

	Place of Business	RABAZA, M.D., P.A. Mailing Address	and the second s		
7800 S.W. 87TH AVE. 7800 S.W. 87TH AVE. #B210					
MIAMI FL 33173 MIAMI FL 33173				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/01/1993	
	oal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0400523	Not Applicable
22 Suite,	Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City &	State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
ZID	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Regist	ered Agent
	VERDEJA, JUAN C M.D.		81 Name		
	7800 S.W. 87TH AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	# B120				
	MIAMI FL 33173		83		
İ			84 City		85 Zip Code
		0500 10074500 5: 11 0: 14			FL S Z D C C C C C C C C C C C C C C C C C C
11. Pursu	uant to the provisions of Sections 607. For registered agent, or both, in the S	idate of Florida. Such change was a	es, the above-named corp authorized by the corporat	oration submits this statement for the purpoion's board of directors. I hereby accept the	e appointment as registered
agen	t. I am lamiliar with, and accept the o	bligations of, Section 607. 0 505, Fig	orida Statutes.		
SIGNATU	Signature, typed or printed name of registore	A spent and tills if earlicable (NO)	E: Registered Agent signature requir	ed when reinstating)	ATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	· · · · · · · · · · · · · · · · · · ·
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	VERDEJA, JUAN-CARLOS		1.2 NAME		
STREET ADDR			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		1.4 CiTY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Rabaza, Jorge R		2.2 NAME		
STREET ADOR	ress 7800 S.W. 87TH AVE. #B	210	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDR			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		DELETE	4.1 TITLE		C Custige C Audulion
NAME OTDECT 1000	orne.		4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDR	[i i		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	4,44	Change Addition
NAME			5.2 NAME		
STREET ADDR	P 25 P		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDR	RESS !		6.3 STREET ADDRESS		
CITY ST - 71P			6 A CITY - ST - 7IP		

14. I hereby certify that the information supplied with this filling floes 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 frue 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 frustee the owered 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 a docess.

TORGE RABARA, MD.

FILED

Jan 28 1998 8:00am

Secretary of State