

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90247 007 \*\*\*150.00

## DOCUMENT # P93000025270

1. Corporation Name

JORGE C. PEREZ, M.D.P.A.

Principal Place	of Business		Mailing Address			·	18841881 He :8188 HH		( 1102) B100 (100)	
1250 NW 7TH 9	ST		1250 NW 7TH ST 203-205							
203-205 MIAMI FL 33125			203-205 MIAMI FL 33125				DO NOT WRITE IN THIS SPACE			
US			US			corporated or Qualifed 5/1993				
2. Principal Pl	ace of Business		2a. Mailing Address			4. FEI N			Apr	lied For
_ ^ .		Ave.	26 2601 SW 3	TH H	re	65-0	400547		Not	Applicable
Suite, Act. #, etc. 22 Sunte 607			Suite, Apt. #, etc.			5. Certifo	ate of Status Desired		<b>\$8.75</b> A Fee Red	1
City & State.			City & State  28 Mill Fla.				on Campaign Financing und Contribution		\$5.00 r Added to	
Zip 24 33 \	Cour 25	try	Zip Country 33133 30			Perso	8. This corporation owes the current year intangible  Persor al Property Tax.   Yes No			
	9. Name and Add	ess of Current	Registered Agent			10. Name	and Address of New	Registere	i Agent	<u>′</u>
Dr:Dr	7 10000 0			81	Name	rerez.	Jorge (	_		
PEREZ, JORGE C 1250 NW 7TH ST 203-205					Street	Address (P.Q. Bo	Number is Not Accep	able)	to #60	(1)
		US			26	<u> </u>	> 12 " Hare	201	16 41 W	
MAL	EAH FL 33125			83						
				84	City	Miani		FI	L 85 Zip C	ode 33
11. Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Statute	s, the above	-named	cc rporation subm	s this statement for the	purpose c	f changing its	egistered
office or re	enistered agent, or hot	h in the State o	: alld 607.1306, Florida Statete: :f Florida. Such change was au :ons of, Section 607.0505, Flori	thorized by	the corp	oration's board of	directors. I hereby acce	pt the appo	antment as reg	gisterea
	in tallinal with, and all	oopt ino obligat	0,0000							(
SIGNATUFE	Signature, typed or printed na	ne of registered agent	t and title if applicable. (NOT E-	Registered Ager	t signature i	required when reinstating		DATE		
12.		OFFICERS AN		13.		ADDITI	ONS/CHANGES TO O	FICERS A		
TITLE	PD		☐ DELETE		1.1 TITLE				X Change	☐ Addition
NAME	Perez, Jorge C			1.2 NAME		24.5 = 1.	3 37 Ave	++ (o	(D)	
STREET ADDRESS	1250 NW 7TH ST,	203-205		1.3 STREET	ADDRESS	2601 50	, Fl. 3	ک / حرح. - ۲۰۰۰		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S	T-ZIP	W. Cow	· F1. 3	·> ( > ^ ,		
TITLE			☐ DELETE	2.1 TITLE					Change	☐ Addition ∫
NAME				2.2 NAME						İ
STREET ADDRESS				2.3 STREET	ADDRESS					
CITY-ST-ZIP				2.4 CITY-\$	T- ZIP					
TITLE			☐ DELETE	3.1 TITLE			- <del></del>		☐ Change	Addition
NAME				32 NAME						
STREET ADDRESS				33 STREET	ADDRESS	1				
CITY-ST-ZIP				34. CITY-S	T-ZIP					
TITLE			☐ DELETE	4.1 TITLE			·		Change	☐ Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					ļ
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					
TITLE	. ,		☐ DELETE	51 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	FADDRESS					1
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					1
TITLE			☐ DELETE	6.1 TITLE		<u> </u>			Change	Addition
NAME			<del></del>	6.2 NAME						

14. I hereby certify that the information supplied with this filing does 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 of supplemental innual 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 comporation on the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if challeged, or on an attact ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Voces Jome. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

305-445-5936

Daytime Phone #