

ANNUAL REPORT 1999		 Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000046209			
1. Corporation Name SILVER STAR FAMILY MEDICINE, GEORGINA CHAN PERDO MO, M.D., P.A.			
Principal Place of Business 1202 E SILVER STAR RD. OCOC EE FL 34761 US		Mailing Address 1202 E SILVER STAR RD. OCOC EE FL 34761 US	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
8. Name and Address of Current Registered Agent PERDOMO, GEORGINA C 8448 LITTLELEAF CT. ORLANDO FL 32835			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME PERDONO, GEORGINA STREET ADDRESS 1202 E SILVER STAR RD CITY-ST-ZIP OCOC EE FL ☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addit	
TITLE V NAME PERDONO, ALEX C. STREET ADDRESS 1202 E SILVER STAR RD CITY-ST-ZIP OCOC EE FL ☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addit	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addit	

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 or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90002 044 ***150.00

08-02-1999 90015 020 ***400.00

ISSUED WITH THIS FORM
* 5 9 9 8 3 1 - 90015 - 20 1 *

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1993

4. FEI Number

59-3205530

Applied For

Not Applicab

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code