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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084449 (6)

JUAN A. VALLADARES, M.D., P.A.

Principal Plac	e of Business	Mailing Address			T TOOLING IS INCOME SINTS ABOUT MATER BATTLA DATES SOLIT BLOCK BIRTH DIDES LOST HOUR						
3410 S.W. 107 Miami Fl 3316		3410 S.W. 107TH AVE. Miami FL 33185-3633									
							ate Incorporated or Qualified 2/10/1993		ate of Last Re 01/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address 26				Number 65-0460293			plied For t Applicable		
Surte, Apt. #, etc		Suite, Apt. #, etc.				5. Ce	ertificate of Status Desired		\$8.75 A	Additional	
City & State 23		City & State				l l	ection Campaign Financing ust Fund Contribution		\$5.00 May Be Added to Fees		
Ζιρ 24	Couritry 25	Ζιρ 29	p Country 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9, Name and Address of Current Registered Agent						10. N	ame and Address of New Ro	gistered.	Agent		
	0 S.W. 107TH AVE. MI FL 33165			82 83	Street Add	iress (P.O.	Box Number is Not Accepta	ble)			
				84	City	······	 	FL	85 Zip (Code	
11. Pursuant office or ragent if a	to the provisions of Sections 607.1 registered agent, or both, in the St im familiar with, and accept the or	0502 and 607.1508, Florida S ale of Florida. Such change v rigations of, Section 607.0509	tatutes, th vas author 5, Florida	e above rized by Statutes	e-named cor the corpora s.	poration s ation's boa	ubmits this statement for the rd of directors. I hereby acce	purpose o pt the app	changing its ointment as	s registered registered	
SIGNATURE	Signature, typed or panied have elst registers.				nt signature requ			DATE			
12.	OFFICERS PSTV	·····		13. 1.1 TITLE		ADI	DITIONS/CHANGES TO OFFI	CERS AND			
TITL E	,	DETERE					•		Change	Addition	
NAME	0440 03W 4077U A)#"			1.2 NAME							
STREET ADDRESS	LHALD EL DOLOE			1.3 STREET ADDRESS							
C TY - ST - ZIP				1.4 CITY - S 2.1 DITLE	1 - Z(P		Change		Addition		
NAME	VALLADARES, JUAN A			2.2 NAME	, [- Cincigo	***************************************	
STREET ADDRESS	AAAA AAA AATTU AAT			2 3 STREET	ADDRESS						
CITY - ST - ZIP	MIAMI FL 33165		1	2 4 CITY - S	}						
THILE		DELETE		3 1 TITLE				·	Change	Addition	

6.4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this fring 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 12 or Block 12 or on an attachment with an address.

3.3 STREET ADDRESS 3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

4.4 CITY - ST-ZIP

5.4 CHTY - ST - 7IP

6.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-205

CITY-ST-ZP

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NAME

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NAME

TITLE NAME

JUAN A VALLADARES.

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Jan 24 1997 8:00am

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Secretary of State

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