

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90275 034 ***150.00

DOCUMENT # P93000088672

1. Corporation Name
ALVARO GORDO, M.D., P.A.

Principal Place of Business Mailing Address
18516 NW 67 AVE 18516 NW 67 AVE
FL 33015 MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1993

4. FEI Number

65-0458610

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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City & State

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City & State

9. Name and Address of Current Registered Agent

COSIO, FRANCISCO R
2223 CORAL WAY
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name JOSE GORDO
82 Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Boulevard
83
84 City MIAMI FL 85 Zip Code 33131

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: *Jose Gordo* JOSE GORDO Attorney 4-28-99
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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME D GORDO, ALVARO	1.1 TITLE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS 18516 NW 67 AVE	1.2 NAME	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY-STATE-ZIP MIAMI FL 33015	1.3 STREET ADDRESS	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.4 CITY-STATE-ZIP	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.1 TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.3 STREET ADDRESS	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.4 CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.1 TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.3 STREET ADDRESS	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.4 CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.1 TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.3 STREET ADDRESS	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.4 CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.1 TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.3 STREET ADDRESS	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.4 CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.1 TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.3 STREET ADDRESS	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.4 CITY-STATE-ZIP	6.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

ALVARO GORDO 4/28/99 (305) 362-2732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)