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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIF



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400059610 (3)

CARLOS PINIELLA, M.D., P.A.

1980/1886区新港地区 X2%K 例形 为轮换块 XCCOSIONUT YGROMEXPK \$316344948 X ECCENTROPERATE XIX 30 33 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1994 01/26/1996 2. Principal Place of Business Mailing Address 9275 S.W. 4. FEI Number Applied For 152 ST 9275 S.W. 152 65-0511984 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 202 Fee Required 22 27 City & State MIAMI City & State \$5.00 May Be 6. Election Campaign Financing FLA FL. MIAMI 23 28 Trust Fund Contribution Added to Fees Country X This corporation has liability for intangible tax under s. 199.032, 3157-1774 33157-1774 USA Yes XX No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINIELLA, CARLOS 2950 BIRD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE FL 33133** 83 84 City 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 agen, and titled application (NOTE: Plagistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. ___ Addition DELETE 1.1 TITLE Change TITLE PINIELLA, CARLOS NAME 1.2 NAME 2950 BIRD AVENUE 1.3 STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** 1 4 CITY-ST-ZIP CITY-ST-ZIF □ DELETE ☐ Change Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE TITLE 5.1 DTLF 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE

62 NAME

14. I do 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 il changed, or an attachment with an address PINIFLLA D. 01-08-xx 97

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

63 STREET ADDRESS 64 City-St-Zip

Date

Davtime Phone #