

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortonham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084448 (7)

1. Corporation Name

CORAL WAY MEDICAL CLINIC, INC.

Principal Place of Business

8820 CORAL WAY
MIAMI FL 33165

Mailing Address

8820 CORAL WAY
MIAMI FL 33165



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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30

9. Name and Address of Current Registered Agent

CARMONA, EMERSON
8820 CORAL WAY
MIAMI FL 33165

3. Date Incorporated or Qualified

11/18/1994

3a. Date of Last Report

05/22/1995

4. FEI Number

65-0540050

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 then applicable)

(If not, Registered Agent signature required after registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

RIBAS, ARMANDO

STREET ADDRESS

8820 CORAL WAY

CITY- ST- ZIP

MIAMI FL 33165

TITLE

VD

☐ DELETE

NAME

PEREZ, ANGEL LUIS

STREET ADDRESS

7805 S.W. 152 AVE #21

CITY- ST- ZIP

MIAMI FL 33193

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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