

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000093707 (5)**

1. Corporation Name

MAYO MEDICAL CORPORATION



Principal Place of Business

**8200 NW 27TH ST
SUITE 101
MIAMI FL 33122**

Mailing Address

**8200 NW 27TH ST
SUITE 101
MIAMI FL 33122**

2. Principal Place of Business

21 **1730 NW 79th AVENUE**

Suite, Apt. #, etc.

22 City & State

23 **MIAMI, FL**

24 Zip

33126

Country

25 **USA**

2a. Mailing Address

26 **1730 NW 79th AVENUE**

Suite, Apt. #, etc.

27 City & State

28 **MIAMI, FL**

29 Zip

33126

Country

30 **USA**

3. Date Incorporated or Qualified
12/29/1994

3a. Date of Last Report
04/07/1995

4. FEI Number
65-0543234

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

9. Name and Address of Current Registered Agent

**MAYO, RICARDO JR
8200 NW 27TH ST
SUITE 101
MIAMI FL 33122**

10. Name and Address of New Registered Agent

81 Name **MAYO, RICARDO JR.**

82 Street Address (P.O. Box Number is Not Acceptable)
1730 NW 79th AVENUE

83

84 City

MIAMI

FL

85 Zip Code

33126

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 of corporation and name of registered agent and the authorized officer)

(Signature of Registered Agent required when re-appointing)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MAYO, RICARDO JR**
STREET ADDRESS **8200 NW 27 ST #101**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PRESIDENT** ☒ Change ☐ Addition
12 NAME **MAYO, RICARDO JR.**
13 STREET ADDRESS **1730 NW 79th AVENUE**
14 CITY-ST-ZIP **MIAMI, FL 33126**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 this 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.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

4-23-96

(305)593-9392

Date

Telephone Number

CR2E034 (12/95)