PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P9500000673

1. Corporation Name

NANCY M. SOSA-ABELLA, D.D.S., P.A.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90061 021 ***150.00



Principal Place	of Business	Mailing Address			1 10011041 310	1919, 91111 \$4111 62111 65111		
9481 S.W. 25 D	DRIVE	9481 S.W. 25 DRIVE						
MIAMI FL 33165	5	MIAMI FL 33165		•		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporat			
					01/04/1995	••••		
2. Principal Pl	lace of Business	2a. Mailing Address		1	4. FEI Number	· · · · · · · · · · · · · · · · · · ·	A	pplied For
21 8530		26 8530 S.W.	84 Cc	ourt	65-0579380		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.					\$8.75	Additional
22 Miar	ni, FL	27 MIAMI	「し		5. Certifcate of Sta	itus Desired 🔲	Fee R	equired
City & State		City & State	AZU		6. Election Campa	• • • • • • • • • • • • • • • • • • • •		May Be
23 2314	t3 USA	28 33143	<u>·</u>		Trust Fund Con			to Fees
Zip	Country	Zip	Country			owes the current ye	ar Intangible ☐ Yes	X _{No}
24	9. Name and Address of Current	29 36	<u> </u>		Personal Prope	rry rax. Iress of New Regist		Z
	9. Name and Address of Current	Registered Agent	81 N	ame		7 11	//	
ABELLA, FRANCISCO J				PARNCISCO Z. ABELLA				
	7 SW 90 TERRACE			treet Addres	ss (P.O. Box Number	is Not Acceptable)		ĺ
	MI FL 33176		83	3 / 20		ــــــــــــــــــــــــــــــــــــــ	*****	
							"Table 90	
			84 C	MIAI	45			Code 2 / 4/3
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the above-na	med cornor	ration submits this sta	atement for the purpo	se of changing it	s registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auft	lorized by the	corporation	n's board of directors.	I hereby accept the	appointment as re	egisterea
SIGNATURE	(a.)							}
SIGNATURE	Signature, typed or printed name of registered agent a		gistered Agent sign	ature required v		NGES TO OFFICER	TE SUBSECT	000 11140
								DRS IN 12 I
12.	OFFICERS AND		13.		ADDITIONS/CHA	, NGES TO OFFICE	Change	□ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOSA-ABELLA, NANCY M	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP	DRESS 83	SA- Abolla 520 S.W. B DAM, FL. S	2143	4. A Change	☐ Addition
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CITY-ST-ZIP 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 affachment with an address, with all other like empowered.

SIGNATURE: