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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010215 (8) RICARDO SABATES. M.D. P.A.

	O ONDRIED; MID: Ini						
Principal Place of Business 7822 WEST 14TH COURT HALEAH FL 33014		Mailing Address 7922 West 14TH COURT HIALEAH FL 33014-3322		1 15011001 114 15161 811(1 89(1) 88(1) 8		191 31M 19 E 1	
					3. Date Incorporated or Qualified 02/03/1995	d 3a. Date of Last 01/29/1996	
2. Principal Place of Business		28. Mailing Address	28. Mailing Address 26.		4. FEI Number 65-0558367		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired		Additional
22		27				Fee F	Required
City & Stati	9	City & State			6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip	Country	Z(b)	Countr	y	8. This corporation has liability for		
24			30		Florida Statutes Yes No		
	9. Name and Address of Currer	nt Registered Agent	81	1	10. Name and Address of New	Registered Agent	
	ATES, RICARDO MD		*'	Name			
	2 WEST 14TH COURT LEAH FL 33014		82	82 Street Address (P.O. Box Number is Not Acceptable)			
, 110 K			83				
			84	City		85 Zip	o Code
11 Dirousent	to the suppressions of Sections 607 656	12 and 607 1508 Florida State	ites the abov	l	rocration submits this statement for th	FL	ite registered
	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607,0505, F	authorized b lorida Statute	y the corpora	rporation submits this statement for that ation's board of directors. I hereby acc	cept the appointment a	is registered
SIGNATURE	Signature, typed or portrollian elot registe collage	nat and two drappine able (NC)	TF: Registered Ap	ent signature requ	uired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
TITLE	D Sabates, Ricardo M.D.	DELETE	1.1 TITLE			☐ Change	Addilion
NAME Shore a spend or	7922 WEST 14TH COURT		1,2 NAME	1 A0000000			
STREET ADDRESS CHTY-ST-7/P	HIALEAH FL 33014		1.3 STREE	T ADDRESS			
1 TLE		DELETE	2 1 HILE	31-2.11		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS		t -	
City-St-ZIP			2. 4 CITY-	ST-ZiP			
TOTLE		L DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		DELETE	3.4 CITY- 4.1 TITLE	ST-ZIP		Change	e
NAME			4 2 NAME	. [Can ording.	
STREET ADDRESS				TADDRESS			
CITY - ST - Z4P			4.4 CHY-	i			
TOLE		DELETE	5 F THILE			Change	Addition
НАМЕ			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY ST-71P			5 4 CITY -	ST - ZIP			
1:fle		☐ DELETE	6 1 TITLE			L Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADORESS				T ADDRESS			
City-S1-Z# 14. I do heret	by certily that the information supplie	d with this filma does not awa	6.4 CITY-	emption state	ed in Section 119.07(3)(i). Florida Stati	utes. I further certify this	at the
informatic Lami an o	in todicated on this annual report or :	supplemental annual report is rithe receiver or transfer empo	Due and acc	urate and the	at my signature shall have the same le ort as required by Chapter 607, Florid	egal effect as if made u	under oath: that

SIGNATURE:

SIGNATURE AND TYPED OR PHATED NAME

FILED

Jan 14 1997 8:00am

Secretary of State