PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000049600**

1. Corporation Name

ROBERTO A. MIKI, M.D. AND CARDIOLOGY ASSOCIATES,

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90084 009 ***150.00



Principal Place	e of Business	l	Mailing Address						
6930 TULIPAN (CT .	. 6	930 TULIPAN CT						
CORAL GABLES	S FL 33143	(CORAL GABLES FL 33143			DO NOT WE	RITE IN THIS	CDACE	
								SPACE	
	•					3. Date Incorporated or Qualife	ď		
			·			06/26/1995			
2. Principal Place of Business		2	2a. Mailing Address			4. FEI Number		⊢	Applied For
21		26	·			65-0621619	ner :	<u> </u>	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5 Certifcate of Status Desired	. 🗅 -		Additional
-	· ~	. 27				DIP DEFINITION OF THE PARTY OF		Fee	Required
City & State			City & State			6. Election Campaign Financing	g 🗆	\$5.0	May Be
23		28	3			Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	Country	/	8. This corporation owes the cu	urrent year Int	angible	
24	25	29	i [30		Personal Property Tax.		Yes	□No
<u> </u>	9. Name and Addres				-	10. Name and Address of New	v Registered	Agent	
				81	Name				
KOP	PEN, R D								
	NE 90 STREET			82	Street Add	lress (P.O. Box Number is Not Accep	ptable)		
	MI FL 33138-3206			83					
1415.MI	W. I. C. 00 100 0200			93					
				84	City			85 Zi	Code
	•						FL		
	to the provisions of Secti	ions 607.0502 and	607.1508, Florida Statute	es, the abov	e-named corp	poration submits this statement for the ion's board of directors. I hereby acc	ne purpose of cent the annoi	changing i ntment as	registered
11. Pursuant						dit a board of directors. Thereby est			
office or re	egistered agent, or both, m familiar with, and acce	in the State of Flo opt the obligations	of, Section 607.0505, Flor	ida Statutes	3.				I
office or re agent. I a	egistered agent, or both, m familiar with, and acce	ept the obligations	of, Section 607.0505, Flor	ida Statutes	\$.				
office or re agent. I as	egistered agent, or both, m familiar with, and acce	ept the obligations	ot, Section 607.0505, Flor	ida Statutes	s. 	red when reinstating)	· DATE		
office or re agent. I as	m familiar with, and acce	ept the obligations	tie if applicable (NOTE:	ida Statutes	s. 		· DATE	ID DIREC	
office or re agent. I an	m familiar with, and acce	of registered agent and ti	tie if applicable (NOTE:	Registered Age	s. 	red when reinstating)	· DATE		
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office or reagent. I at SIGNATURE 12. TITLE NAME	m familiar with, and acce Signature, typed or printed name OI D MIKI, ROBERTO A	of registered agent and ti	tte if applicable (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	s. 	red when reinstating)	· DATE	ID DIREC	
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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 attach right with an address, with all other like empowered.

SIGNATURE: