

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 APR -9 AM 10: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000067855**

1. Corporation Name  
**RODOLFO DUMENIGO, M.D., P.A.**



Principal Place of Business  
**2300 CORAL WAY #200 MIAMI FL 33145**

Mailing Address  
**2300 CORAL WAY #200 MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified  
**09/01/1995**
- 4. FEI Number: **65-0603933** 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 owes the current year Intangible Personal Property Tax  Yes  No
- 10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 <b>2300 Coral Way</b> Suite, Apt. #, etc.	26 <b>2300 Coral Way</b> Suite, Apt. #, etc.
22 <b>Suite # 200</b> City & State	27 <b>Suite # 200</b> City & State
23 <b>Miami Florida</b>	28 <b>Miami Florida</b>
24 <b>33145</b> Zip Country	29 <b>33145</b> Zip Country
25	30

9. Name and Address of Current Registered Agent  
**FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY #200 MIAMI FL 33145**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**300002836903--8**  
83 **-04/12/99--01135--013**  
84 City **\*\*\*150.00 \*\*\*150.00 FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]* **AMADA CANTERA LOPEZ, President** 3/27/99

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	[ ] DELETE
NAME	<b>DOMENIGO, RODOLFO MD</b>	
STREET ADDRESS	<b>5780 S.W. 59TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143-2276</b>	
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	<b>P/</b>	<input checked="" type="checkbox"/> Change [ ] Addition
12 NAME	<b>DUMENIGO, RODOLFO MD</b>	
13 STREET ADDRESS	<b>5780 S.W. 59th COURT</b>	
14 CITY-ST-ZIP	<b>MIAMI FL 33143-2276</b>	
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RODOLFO DUMENIGO, President**

*[Handwritten initials]*

3/27/99

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CR2E034 (11/98)