Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90003 038 \*\*\*150.00

## 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

## DOCUMENT # P96000011673

1. Corporation	n Name							
ROBERTO ARCE, M.D., P.A.								
Principal Place	of Business	Mailing Address						
			DOTH COURT					
11880 SW 40TH ST 12430 SOUTHWEST 98TH COURT MIAMI FL 33176								
						DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualifed		
						02/06/1996		
2. Principal Place of Business 21 II880 SW 40th ST. 26 2a. Mailing Address 26 26						4. FEI Number Applied For Not Applied For Not Applied For		
			Suite, Apt. #, etc.			65-0647466   Not Applicable   \$8.75 Additional		
22 Suite 210 27				5. Certificate of Status Desired Fee Required				
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be		
23 M11		28				Trust Fund Contribution Added to Fees		
Zip 22 I	Country	Zip	Cou	ntry	,	8. This corporation owes the current year Intangible		
Zip 331	75 <sub>25</sub> USA.	29	30			Personal Property Tax.		
	9. Name and Address of Current	t Registered Agent	<del> </del>	04	T A1	10. Name and Address of New Registered Agent		
DOB	EDTO ADCE NO			81	Name			
12430 SW 40TH ST. MIAMI FL 33176				82 Street Address (P.O. Box Number is Not Acceptable)				
				83	<del>                                     </del>			
				84	City	FL 85 Zip Code		
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered appear, or both, in the State of	2 and 607.1508. Florida of Florida, Such change	Statutes, the a was authorized	bove I by	e-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
<b>\</b> /	m familiar with, and accept the obligat	ionarot Section 607.05	JS, Fiorida Stati	utes	i.	1/9/1999		
SINATURE	Signature typed or punted name of registered agent	t and title if applicable	(NOTE: Registered	Ager	nt signature required	d when reinstating) DITE		
/12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DÉLI	ETE 1.1 π	TLE		☐ Change ☐ Additio		
NAME	ARCE, ROBERT		1.2 N	WE				
STREET ADDRESS 12430 SOUTHWEST 98TH COURT		IRT	1.3 \$7	1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33176				ST-ZIP	☐ Change ☐ Additio		
TITLE		☐ DELI				☐ Citalige ☐ Addiab		
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CITY-ST-ZIP			34. C	ITY-S	ST-ZIP			
TITLE		DEL				☐ Change ☐ Additio		
NAME			4.2N	AME.				
STREET ADDRESS			4.3 5	TREE	T ADDRESS			
CITY-ST-ZIP				TY-S	ST-ZIP			
TITLE		☐ DEL				☐ Change ☐ Additio		
NAME			5.2 N		- 1	•		
STREET ADDRESS			1		T ADDRESS			
			540	TV_S	ST-ZIP			

6.4 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 part attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

DELETE

Change

☐ Addition