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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600039250 1. Corporation Name

HUMBERTO FERNANDEZ-MIRO, M.D., P.A.

	•										
Principal Place	e of Business	Mailing Address					1 10011001 1	I		11310 10110 11002	
5900 SW 127TH AVE., NO. 3415			2655 LEJEUNE RD								
MIAMI FL 33183		STE PH2-B									
	•	CORAL GABLES	FL 33134					DO NOT WR		SPACE	
	•	US				13	 Date Incorpora 05/07/1996 		I		
2. Principal Pi	lace of Business	2a. Mailing Addı	ess			4	4. FEI Number				plied For
21		26					-65-055611	7-65-	08 744	No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			Π.	5. Certifcate of S	tatus Desired		\$8.75	
22		27					o. Certificate of 5	tatus Desireu		Fee Re	equired
City & Stat	te .	City & State				(6. Election Camp	aign Financing	🗆	\$5.00	May Be
23	·	28					Trust Fund Co	ntribution	اسا	Added t	to Fees
Zip	Country	Zip	r1	Country		8	This corporation		rent year Int		l
24	25	29	30				Personal Prop	•		Yes	□No
	9. Name and Address of Currer	nt Registered Agent	_	-			0. Name and Ac	idress of New	Registered	Agent	
CCDI	MANDET MIDA LIMBEDTA			81	Name	!					
	NANDEZ-MIRO, HUMBERTO			82	Street	t Address	(P.O. Box Number	er is Not Accep	table)		
	O SW 127TH AVE., NO. 3415			Ш							
MIAI	MI FL 33183			83							
	• •			84	City					85 Zip (Code
									FL	.	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Flor	da Statutes, the	e above	e-named	d corporati	ion submits this s	tatement for the	e purpose of	changing its ntment as re-	registered gistered
Office of fo	egistered agent, or both, in the State im familiar with, and accept the obliga	tions of Section 607.	0605 Florida S	tatutae	ine corp	JOI GOOM 3	DOBIG OF GIROCIO		pr are appea]
ayeni. i ai		, +	usus, i lorida s	tututos.							
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SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agen		required whe			DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Regist	ered Agen		required when	n reinstating) ADDITIONS/CH	ANGES TO O			
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. ND DIRECTORS	(NOTE: Registr	ered Agen		required whe		IANGES TO O		ID DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN DPT FERNANDEZ-MIRO, HUMBERT	nt and title if applicable. ND DIRECTORS	(NOTE: Registr	ered Agen		required when		IANGES TO O			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN DPT FERNANDEZ-MIRO, HUMBERT 5900 SW 127TH AVE., NO. 34	nt and title if applicable. ND DIRECTORS	(NOTE: Regist 1 ELETE 1.	ered Agen 13. 1 TITLE 2 NAME				IANGES TO O			
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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 of supplier ental 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 of the cereiver 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, door an attachment with an address, with all other like empowered.

SIGNATURE: