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## 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 # P96000046482

1. Corporation Name

HUBEN	GUNZALEZ VALLINA, M.D.	., P.A.	•				
Principal Place of Business Mailing Address						MAN MANSO MINNE MENTE MENDE	SOLIO ISON SEOS
2 DE LEON DRIVE 2 DE LEON DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166			8			INCT HOTOMASON	
118		USB <del></del>			3. Date Incorporated or Qualifed	M-HHIS-GHACE	
			•		06/03/1996		
2 Principal O	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	Apr	olied For
21 26					65-0671557		Applicable
Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	5. Certifcate of Status Desired	\$8.75 A	dditional
22 18 1800 581 VC 27 City & State City & State					6. Election Campaign Financing	\$5,00	
23 1/10/	mi Speings Fl	28 Zip	Country	·	Trust Fund Contribution	Added to	
Zip 3 a	//s/s [an]	— · -	30		This corporation owes the current     Personal Property Tax.	year intangible ☐ Yes	ĽNo ⟨
24 53/	9. Name and Address of Curre		301		10. Name and Address of New Regi		
<del>-</del>	3. Name and Address of Confe	ilt Koğlateren Ağerit	81	Name			
VAL	LINA, RUBEN G		82				
2 DE LEON DRIVE				Street Add	Address (P.O. Box Number is Not Acceptable)		
GORAL-GABLES FL-99194				ļ			
	misprings FL	. 33/06			NP		
The state of the s				∈City €		85 Zip C	ode
11 Purcuant	to the provisions of Sections 607.05	02 and 607 1508 Florida Statute	s=the:abov	e-named cor	poration submits this statement for the pur	pose of changing its.	registered
office or t	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the corporal	tion's board of directors. I hereby accept the	ie appointment as reg	gistered *
SIGNATURE						DATE	
40	Signature, typed or printed name of registered ag		Registered Age	nt signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFIC		RS IN 12
12.	OFFICERS AND DIRECTORS  PTD		1.1 TITLE		ADDITIONO OF A COLOR O	☐ Change	Addition
NAME			1.2 NAME				_
				T ADDRESS			
STREET ADDRESS	MIAMI SPRINGS FL		1.4 CITY-S				
CITY-ST-ZIP			2.1 TITLE	1-24		Change	☐ Addition
NAME	<del>-</del>		2.2 NAME				
-			1	TADDRESS			l
STREET ADDRESS				i i			j
CITY-ST-ZIP			2.4 CITY-5	)- UF		☐ Change	Addition
NAME			3.2 NAME			_ ,	
STREET ADDRESS				TADDRESS			
)			3.4. CITY-5				
CITY-ST-ZIP		DELETE	4.1 TITLE	,		☐ Change	☐ Addition
NAME		· · · · · · · · · · · · · · · · · · ·	4.2 NAME		e e <del>e e</del> e e e e e e e e e e e e e e e	<u> </u>	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DÉLETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5,4 CITY-S	- 1			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
	30	<u> </u>	CONMIC	ĺ			

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

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 changes, or on an attachment with an address, with all other like empowered.