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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Haskins
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 31 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3/04/99 90229/009 \$150.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000000651

1. Corporation Name

BECKMAN NOVA CLINIC, CORP.

Principal Place of Business

123 DOUGLAS ROAD
SUITE 4
CORAL GABLES FL 33134

Mailing Address

123 DOUGLAS ROAD
SUITE 4
CORAL GABLES FL 33134

2. Principal Place of Business

21 3990 WEST FLAGLER ST

Suite, Apt. #, etc.

22 SUITE # 304

City & State

23 MIAMI, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 3075 NW 3 ST

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33125

Country

30 USA

3. Date Incorporated or Qualified

01/03/1997

4. FEI Number

65-0731193

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

9. Name and Address of Current Registered Agent

FERNANDEZ, ADRIAN
123 DOUGLAS ROAD
SUITE 4
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, ADRIAN
STREET ADDRESS 123 DOUGLAS RD. #4
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME ADRIAN FERNANDEZ, M.D.
13 STREET ADDRESS 3990 WEST FLAGLER ST
14 CITY-ST-ZIP SUITE # 304, MIAMI, FL 33134

21 TITLE PD
22 NAME ADRIAN FERNANDEZ, M.D.
23 STREET ADDRESS 116 PONCE DE LEON, BLVD
24 CITY-ST-ZIP CORAL GABLES, FL 33135

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/00 1305/525 4551
Date Daytime Phone #

CR2E034 (1/198)