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FILED
Jun 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000001429 (4)

1. Corporation Name

ALVARO F. FERNANDEZ M.D., P.A.



Principal Place of Business

Mailing Address

911 VENETIA AVE.
CORAL GABLES FL 33134

911 VENETIA AVE.
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1997

2. Principal Place of Business

21 1507 Cordova St
Suite, Apt. #, etc.

22

City & State

23 Coral Gables, FL
Zip Country

24 33134 25 USA

2a. Mailing Address

26 1507 Cordova St
Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL
Zip Country

29 33134 30 USA

4. FEI Number

65-0721972

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, ANGEL P
780 NW 42ND AVE., STE. 319
MIAMI FL 33126-5536

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 DP
NAME FERNANDEZ, ALVARO F
STREET ADDRESS 911 VENETIA AVE.
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE DV
NAME FERNANDEZ, ANA N
STREET ADDRESS 911 VENETIA AVE.
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1507 CORDOVA ST
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME NARDO, ANA M.
2.3 STREET ADDRESS 1507 CORDOVA ST
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address

SIGNATURE

Alvaro F. Fernandez

CR2E034 (10/97)