FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Søcretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024197 (0)

HIALEAH ADVANCED PAIN CENTER, INC.

Principal Place of Business

Mailing Address

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1997 2. Principal Place of Business 21 1450 W 65757 26 1450 W 65757 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1997 4. FEI Number 6. Certificate of Status Desired \$8.75 Additional Fee Required \$5.00 May Be	3052 N.W. Miami Fl 3	15TH STREET RISE	3052 N.W. 15TH STREET MIAMI FL 33125	ſ	
2. Principal Planes of Business 21 14 St. 15 24 15 25 25 25 25 25 26 27 27 28 28 28 28 28 28	Manual LC 2	V169	MIMMI TE 00120		DO NOT WRITE IN THIS SPACE
2. Nating Address of Business State And 1 et al.					3. Date Incorporated or Qualified
20 Sulfa, Apr. 3 and 1 and 2 Sulfa, Apr. 3 and	<u> </u>				03/18/1997
County F 28	2. Principal P	lace of Business	2a. Mailing Address	1 671	4. FEI Number 173 - 213 Applied For
County F 28	21 148	0 W 68551	26 1450 0	0.68-5	7 63 -0733 303 Not Applicable
### Trust Fund Contribution Mode to Fees Mode t	Suite, Apt.	#, etc # 101	Suite, Apt. #, etc.	# 101	Certificate of Status Desired Section
Added to Fees Country 28	City & Stat	edia mil (1	City & State	رير ر	6. Election Campaign Financing \$5.00 May Be
24 3.3 0/4 28 U.S.A 20 33 0/4 30 U.S.A Personal Property Tax cities June 30 Pos No. Personal Property Section 20	23			HIPL	
P. Name and Address of Current Registered Agent RAMPEZ, JEANNINE 3052 N.W. 15TH STREET MAMI FL 33125 80 81 82 Street Address (P.O. Box Numbor is Not Acceptable) 83 84 64 64 65 67 67 67 67 67 67 67 67 67				Country	8. This corporation owes or has paid the current year Intangible
RAMIREZ, JEANNINE 3052 N.W. 15TH STREET MIAMI FL 33125 80 64 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607 00.02 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered often or engagement agreement by the corporation's board of directors. I hereby accept the appointment as registered often and families with, and accept bit in the flate of Fordis Such Carry 1509. Florids Statutes. SigNaTure Tables OFFICERS AND DIRECTORS 13. ADDITIONSCHANGES TO PERCENS AND DIRECTORS IN 12. PREST IN 13. SIREH ADDRESS TASIS, MARTIN 3052 N.W. 15TH STREET MAMI FL 33125 TO ELIFE DELETE 13. SIREH ADDRESS 14. SOCION ST. P. S.	24 J.5 C			$ \mathcal{O}, \mathcal{J}, \mathcal{I} $	
### Addition Partial Companies Partial Co			Registered Agent	Od Nome	
MAMI FL 33125 83 84 City FL 95 Zip Code 11. Pursuant to the provisions of Socions 607 0002 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the origination sof, Section 607,505. Provision Statules SIGNATURE Signature byten or crossed name of the universal and control of the purpose of changing its registered agent. I am familiar with, and accept the origination sof, Section 607,505. Provision Statules SIGNATURE Signature byten or crossed name of the universal and the dispersal to the purpose of changing its registered agent tam familiar with an accept the origination sof, Section 607,505. Provision Statules SIGNATURE 12. OFFICERS AND DIRECTORS 13. INTEL DELETE 13. INTEL DELETE 13. INTEL DELETE 13. INTEL 14. CITY-ST-2P MIAMI FL 33125 DELETE 14. CITY-ST-2P MIAMI FL 33125 DELETE 14. CITY-ST-2P MIAMI FL 33125 DELETE 15. CITY-ST-2P DELETE 16. CHange Addition 17. Change Addition 17. Change Addition 18. Change Addition				181 Name	
11. Pursuant to the provisions 607.05.02 and 607.15.08, Florida Statutes. The above-named corporation submisk this statement for the purpose of changing is registered agont, or both, in the State of Florida Statutes. The above-named corporation submisk this statement for the purpose of changing is registered agont, or both, in the State of Florida Statutes. The above-named corporations board of directors. Thereby accept the purpose of changing is registered agont and familiar with, and accept the obligations of, Section 697.6506, Florida Statutes. 12.				82 Street	Address (P.O. Box Number is Not Acceptable)
Ba City FL ST Zip Code		IIAMI FL 33125			
11. Pursuant to the provisions of Socions 607 05.02 and 607 15.08, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered agent to mit emiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, agent to mit emiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, agent to mit emiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, agent to mit emiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, agent to mit emiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, agent to mit emiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, agent of the purpose of changing its registered agent, or both in the State of Florida Statutes, agent of the purpose of changing its registered agent, or both in the State of Florida Statutes, agent of the purpose of changing its registered agent, or both in the State of Florida Statutes, agent of the purpose of changing its registered agent, or both in the State of Florida Statutes, agent of the purpose of changing its registered agent, or both in the State of Florida Statutes, agent of the appointment as registered agent, or both in the State of Florida Statutes, agent of the appointment as registered agent, or both in the state of Florida Statutes, agent of Florida Stat	8				
11. Pursuant to the provisions of Socions 607 05.02 and 607 15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent Lam familiar with, and accept the obligations of, Socions 607.05.05 and 607 15.08, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent Lam familiar with, and accept the obligations of, Socion 607.05.05 (Florida Statutes). SIGNATURE Description of the purpose of changing its registered agent Lam familiar with, and accept the obligations of, Socion 607.05.05 (Florida Statutes). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE LAM FAMILY ADDITIONS ADDITIONS AND THE LAM FAMILY ADDITIONS ADDITIONS AND THE LAM FAMILY ADDITIONS ADDITIONS ADDITIONS AND THE LAM FAMILY ADDITIONS AD				84 City	85 Zip Code
office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and amount and accept the obligations of, Section 607/0505, Florida Statute is an analysis of the section of the secti					FL
Agent I am Tamiliar with, and accept the obligations of, Section 607.0505, Florida Statute's SIGNATURE 12.	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named	corporation submits this statement for the purpose of changing its registered
12. OF FIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes.	poration's board of directors. Thereby accept the appointment as registered
12. OF FIGERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	SIGNATURE				
TITLE TASIS, MARTIN 3052 N.W. 15TH STREET TASIS, MARTIN 3052 N.W. 15TH STREET MIAMI FL 33125 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 31 TITLE DELE			<u>-</u>	Registered Agent signature	
TASIS, MARTIN SITRET ADDRESS CITY-ST-ZIP MIAMI FL 33125 DELETE DELETE 12 NAME 13 SIRET ADDRESS CITY-ST-ZIP MIAMI FL 33125 DELETE 21 TITLE DELETE 22 NAME 22 NAME 22 NAME 22 NAME 23 SIRET ADDRESS CITY-ST-ZIP DELETE 37 TITLE DELETE 47 TITLE DELETE 47 TITLE DELETE 47 TITLE DELETE 47 TITLE DELETE 57 TITLE DELETE 47 TITLE DELETE 57 TITL					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
CITY-ST-ZIP MIAMI FL 33125 14 CITY-ST-ZIP H.A LEA H., FL. 33014 STZ-LG-WWY TITLE DELETE 21 TITLE 22 NAME 22 NAME 32 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE Addition NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 51 TITLE DELETE 52 TITLE DELETE 52 TITLE DELETE 51 TITLE DELETE 52 TITLE DELETE 52 TITLE DELETE 52 TITLE DEL	TITLE		DELETE	1.1 TOTLE	PRESIDENT / DIRECTURE Change M Addition
CITY-ST-ZIP MIAMI FL 33125 14 CITY-ST-ZIP H.A LEA H., FL. 33014 STZ-LG-WWY TITLE DELETE 21 TITLE 22 NAME 22 NAME 32 SIRET ADDRESS CITY-ST-ZIP DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE Addition NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE DELETE 41 TITLE DELETE 41 TITLE DELETE 51 TITLE DELETE 52 TITLE DELETE 52 TITLE DELETE 51 TITLE DELETE 52 TITLE DELETE 52 TITLE DELETE 52 TITLE DEL	NAME			1.2 NAME	JESUS KAMILEE STE. H 101
TITLE DELETE 2.1 TITLE SECRETARY / TROPS Change Addition	STREET ADDRESS			1.3 STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 31 DILE 32 SIRET ADDRESS 24 CITY-ST-ZIP HIGH EATH, FL. 3301 V SCU-Z2-Z37Z TITLE 33 SIRET ADDRESS CITY-ST-ZIP TITLE DELETE 31 SIRET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AT TITLE AT TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 SIRET ADDRESS CITY-ST-ZIP TITLE DELETE 61 SIRET ADDRESS CITY-ST-ZIP TITLE DELETE SIRET ADDRESS CITY-ST-ZIP TITLE DE	CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY - ST - ZIP	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP AD	TITLE		☐ DELET E	2.1 TITLE	SECRETARY /TROAS. Change HAddition
CITY-ST-ZIP TITLE DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE 34 CITY-ST-ZIP TITLE DELETE 34 CITY-ST-ZIP Addition AMAE ACTIVE ST-ZIP ACTIVE	NAME.			2.2 NAME	JEANNINE RAMIREZ
TITLE DELETE 31 TITLE 32 NAME STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 4.2 NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE TITLE DELETE 6.1 TITLE DELETE DELETE 6.1 TITLE DELETE DELETE 6.1 TITLE DELETE DE	STREET ADDRESS			2.3 STREET ADDRESS	1480 W 6874 ST. STE. #101
NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP Addition NAME AS STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE	CITY-ST-ZIP			2.4 City-St-ZiP	HIALEAH, FL 33014 5-60-22-2372
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition AMME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition Addition Addition AMME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 1.4 Hereby certify that the information supplied with the filing does not qualify for the owenption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental and report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an	TITLE		☐ DELETE	3 1 TITLE	. Change Addition
CITY-ST-ZIP TITLE DELETE JELETE JELE	NAME			3.2 NAME	
TITLE DELETE 4.1 TITLE	STREET ADDRESS			3.3 STREET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP A 4 CITY-S1-ZIP A 4 CITY-S1-ZIP TITLE DELETE S1 TITLE S2 NAME S2 NAME STREET ADDRESS CITY-\$1-ZIP S4 CITY-\$1-ZIP S4 CITY-\$1-ZIP S4 CITY-\$1-ZIP S5 CITY-\$1-ZIP TITLE DELETE S5 STREET ADDRESS CITY-\$1-ZIP S6 CITY-\$1-ZIP S1 REET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS S1 STREET ADDRESS CITY-\$1-ZIP S1 REET ADDRESS CITY-\$1-ZIP S1 REET ADDRESS CITY-\$1-ZIP S1 REET ADDRESS S1 REET ADDRESS CITY-\$1-ZIP S1 REE	CITY-IST-ZIP			3.4. CITY+ST-ZIP	
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Hereby certify that the information supplied with the filing does not qualify for the exemption slated 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 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	TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP TITLE DELETE 5.1 TITLE S.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE Addition Addition Change Addition	NAME.			4. 2 NAME	
TITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS CITY-\$1-ZIP TITLE 5.4 CITY-\$1-ZIP TITLE 6.1 TITLE 6.	STREET ADDRESS			4.3 STREET ADDRESS	
NAME STREET ADDRESS CITY-\$1-ZIP TITLE DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS CITY-\$1-ZIP 4. CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 14. Thereby certify that the information supplied with the informa	CITY-BT-ZIP		•	4 4 CITY-ST-ZIP	
STREET ADDRESS CITY-\$1-ZIP TITLE DELETE 6.1 TITLE DELETE 6.2 NAME STREET ADDRESS CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 14. I hereby certify that the information supplied with the 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	TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
CITY-\$1-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 14. I hereby certify that the information supplied with 10.6 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	NAME			5.2 NAME	
CITY-\$1-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 14. I hereby certify that the information supplied with 10.6 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	STREET ADDRESS			5.3 STREET ADDRESS	
TITLE DELETE 6.1 TITLE Change Addition				•	
NAME \$TREET ADDRESS \$CITY-\$T-ZIP 14. I hereby certify that the information supplied with the 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			DELETÉ	· · · · · · · · · · · · · · · · · · ·	Change Addition
STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an			·		
CITY-ST-ZIP 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 arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an	i			i	
14. I hereby certify that the information supplied with 16 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 suppliemental 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					
indicated on this annual report or supplemental africal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an	14. I hereby o	ertify that the information supplied with	it is filling does not qualify for	the exemption state	Led in Section 119.07(3)(i), Florida Statutes. I further certify that the information
	indicated	on this annual report or supplemental;	afriual report is true and accur	rate and that my sig	gnature shall have the same legal effect as if made under oath; that I am an 🔠 📗