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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000048244

1. Corporation Name

ENRIQUE CIKLIK M.D. P.A.

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90009 030 \*\*\*150.00

EMINGO	CONCIN, WID., F.A.								
Principal Place	e of Business	Mailing Address			1158(18	DE 118 EDIEL LOUIL BOILE B	BIJI BEIIC BBISI	01961 1914 11914 I	
2627 NE 203RD ST. UNIT 9 2627 NE 203RD ST. UNIT 9 MIAMI FL 33180 MIAMI FL 33180						DO NOT WR	RITE IN THIS	S SPACE	
					2 Date Incorr	porated or Qualifed		J OI AOL	
					05/30/19		-		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Numbe		***	" Ap	plied For
21 26			• • • • • • • • • • • • • • • • • • • •		65-07566	645		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional		
22 dC	99	27 07		0	5. Certificate o	of Status Desired		Fee Re	·
City & Stat	entura H	City & State  28 HULMurg	, 4	P	1	impaign Financing Contribution		\$5.00 Added to	
Zip	Country	Zip	Country		a. This corpor	ation owes the cur	rrent year Ir	tangible	
24	25	29	30		Personal P	ration owes the cur roperty Tax.		Yes	□No
•	9. Name and Address of Current	t Registered Agent		_	10. Name and	Address of New	Registered	Agent	
			81	Name					1
	MAN, MYRON B		82	Street Ad	dress (P.O. Box Nu	mber is Not Accept	table)		
	LINCOLN RD, SUITE 258		1	000171.0	33,000 (r 701 20x 112.		,		
MIAN	AI BECH FL 33139		83						
			84	City				85 Zip C	ode.
			04	City			FI	_   05   2.0 (	}
44 Durauant	to the provisions of Sections 607.0502	2 COZ 4500 Clasida Ot-tuda	44 - 4		moration aubmite th	s statement for the	e purpose o	f changing its	registered
11. Pursuant	egistered agent or both in the State of	z and 607.1506, Florida Statutes of Florida. Such change was aut	s, the above thorized by	e-named co	orporation submits the	tors. I hereby acce	ent the appo	intment as rec	pistered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	thorized by	the corpora	ation's board of direc	tors. I hereby acce	ept the appo	ointment as reg	gistered
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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 or supplemental annual report of 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 attationment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR