PROFIT CCRPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

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DOCUMENT#	P98000001182

1. Corporation Name

M. A. MEDICAL OFFICE CORPORATION

Principal Place	of Busine
2410 S.W. 63RD	AVENUE
MIAMI FL 33155	

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90077 010 ***150.00

rincipal Place o 10 S.W. 63RD A AMI FL 33155		Mailing Address 2410 S.W. 63RD AVENUE MIAMI FL 33155			DO NOT WRITE IN 1		1116 1181 1831
MMI 1 E 30:33					3. Date Incorporated or Qualifed 01/06/1998		
					4. FEI Number	- ا	pled For
Principal Plac	ce of Business	2a. Mailing Address			65-0806>01		t Applicable
		26			5. Certificate of Status Desired	\$8.75 / Fee Re	
Suite, Apt. #,	etc.	27				\$5.00	Nav Be
		City & State			6. Election Campaign Financing	Added	
City & State		28			Trust Fund Contribution 8. This corporation owes the current ye	ar Intangible	./
	Country	Zip	Cour	ntry	Borognal Property Tax.	□ ies	25/10
\	25	29	_[30]		10. Name and Address of New Regist	ered Agent	
L	9. Name and Address of Currer	nt Registered Agent		81 Name			
				l I	ess (P.O. Box Number is Not Acceptable)		
ALUS	ON, MARK			82 Street Addr	ess (P.O. Box Number is Not videoptate)		
2410	S.W. 63RD AVENUE			83			
MIAM	I FL 33155					85 Zip	Ccde
				84 City	poration submits this statement for the purp on's board of d rectors. I hereby accept the	FI_	
SIGNATURIE .	Signature, typed or printed nan e of registered ag	gent and title if applicable. (NO AND DIRECTORS	TE: Registere	d Agent signature redui e	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	OR3 IN 12
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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 is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trustee empowered to a secure 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 attach nent with an address, with a lother like empowered.

MANAGE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR