

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris,  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90016 040 \*\*\*158.75

DOCUMENT # **P98000035434**  
1. Corporation Name  
**Consolidated Physicians of Miami -  
Dade, Inc.**

Principal Place of Business Mailing Address  
**See address change below**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**4/17/98**

2. Principal Place of Business 2a. Mailing Address  
21 **3320 Palm Ave** 26 **same**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For  
Not Applicable

22 City & State 27 City & State  
23 **Hialeah, FL** 28  
City & State City & State

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required  
6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

24 **33012** 25 Country 29 Zip Country  
24 **33012** 25 Country 29 Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**Colleran, Isabel V. Esq.**  
**17415 S. Dixie Hwy**  
**Miami, FL 33157-5434**

10. Name and Address of New Registered Agent  
81 Name **Charlie Mora**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3320 Palm Avenue**  
83  
84 City **Hialeah** FL 85 Zip Code **33012**

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 **X** (NOTE: Registered Agent signature required when reinstating) DATE **4/20/1999**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)