

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000061100**

1. Corporation Name

CHRIS UKIOMOGBE, M.D., P.A.

Principal Place of Business

**MIAMI GARDENS MEDICAL CENTER.18585 N.W.
27 AVE.
MIAMI FL 33056**

Mailing Address

**MIAMI GARDENS MEDICAL CENTER.18585 N.W.
27 AVE.
MIAMI FL 33056**

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90002 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1998

4. FEI Number

65-0850260

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**LOBLACK, PETER
1031 IVES DAIRY RD.,STE.125
MIAMI FL 33179**

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 **D** ☐ DELETE
NAME **UKIOMOGBE, CHRIS M.D.**
STREET ADDRESS **18585 N.W. 27 AVE.**
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0126086

P9800006/1100
594991-90002-47

MIAMI GARDENS MEDICAL CENTER

Christopher I. Ukiomogbe, MD
Internal Medicine
Board Certified Internal Medicine

Thomas L. Garvin, MD
Family Medicine
Diplomate, American Board of Family Practice

18585 NW 27 Avenue
Miami, FL 33056
Tel (305) 621-3430
Fax 1 (305) 620-0810
Fax 2 (305) 621-3295

July 6, 1999

To: Florida Department of State
From: Chris Ukiomogbe, M.D., P.A.
RE: 1999 Profit Corporation Annual Report

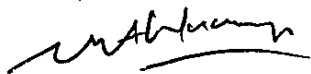
On June 25, 1999 we received our first copy of the 1999 Profit Corporation Annual Report. However, the report indicates that this was the 2nd NOTICE sent to us. We called the Department of State at 1-850-488-9000 to inquire about the second notice because we never received the 1st notice.

We were instructed by Wendy to send this letter requesting a waiver of the \$400.00 late fee, because this was our first notice. Please accept this letter as a request for this wavier.

We are also including in this correspondence the 1999 Profit Corporation Annual Report along with the 150.00 filing fee.

If we can be of further assistance please let us know.

Regards,



Chris Ukiomogbe, M.D.