PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077493 1. Corporation Name

JHONNY SALOMON, M.D., P.A.						
Principal Place of Business	Mailing Address			i ration in in sein ann ann ann ann ann ann ann	***** ***** *** *	F 10188
8750 SW 144TH STREET	8750 SW 144TH STREET					
SUITE 201 SUITE 201				DO NOT WRITE IN THIS	SFACE	
MIAMI FL 33176 MIAMI FL 33176				3. Date Incorporated or Qualified		
				08/31/1998		
2. Principal Place of Business	2a, Mailing Address			4 SEI Number	TIA	pplied For
21	26			65-0864578	N	ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			■ Certificate of Status Desired □	\$8.75	Additional
22	27			5. Certificate of Status Desired	Fee R	equired
City & State	City & State			6, Election Campaign Financing	\$5.00	May Be
23	28		~ ·**~	Trust Fund Contribution	Added	to Fees
Zip Country	Zip	Country	у	B. This corporation owes the current year in		_
24 25	29 :	30		Personal Property Tax.	Yes	
9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
		81	Name			
SALOMON, JHONNY		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
8750 SW 144TH STREET	•					
SUITE 201		83				
		84	City		85 Zlp	Code
MIAMI FL 33176		100	r City		100	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation. SIGNATURE					changing its	registered egistered
11. Pursuant to the provisions of Sections 607.05(office or registered agent, or both, in the State agent. I am familiar with, and accept the obligate SIGNATURE Signature, typed or printed name of registered age	nd and title if applicable. (NOTi≝ l	Registered Age		coration submits this statement for the purpose of on's board of directors. I hereby accept the appointment of the purpose of		
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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/accusate and that my signature shall have the same legal effect as if made under outh; 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 a lother like empowered.

SIGNATURE: X

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

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FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90035 046 ***150.00