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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90110 006 ***150.00

DOCU 1. Corporatio	MENT # S2865 0	6						
ERICK N	A. SALADO, M.D., P.A.							
Principal Plac	e of Business	Mailing Address			1 1021/010 tre linat latic altar Athia etti aresi i	FIÐII 8:81: B18:1 A	1011 01011 1001	
1790 WEST 49TH STREET 1790 WEST 49TH STREET					TO THE STATE OF TH			
SUITE 401 SUITE 401					DO NOT WRITE IN THIS	CDACE		
HIALEAH FL 33	3012	HIALEAH FL 33012	-		3. Date Incorporated or Qualifed	S SPACE		
		Art C			01/31/1991			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For			
21		26		65-0244140	·	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75	dditional ,		
22		27		5. Certifcate of Status Desired	Fee Re	quired		
City & State		City & State		6. Election Campaign Financing	\$5.00	, ,		
23		[28]		Trust Fund Contribution	Added t	o Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Int		□No	
24	9. Name and Address of Curr		30		Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Curr	eur veðisteiga Aðeir	— †	11 Name	10. Italie and Address of New Registered	Agoric		
ŞAL	ADO, ERICK M MD							
1790 W 49TH ST STE 401				Street Add	ress (P.O. Box Number is Not Acceptable)			
				3				
HIAL	EAH FL 33012		L					
	•		{	City	FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the abo	ve-named corp	poration submits this statement for the purpose of	changing its	registered	
office or r	registered agent, or both, in the Stat	te of Florida. Such change was aut	thorized t	ov the comonati	on's board of directors. I hereby accept the appo	intment as reg	distered	
agent La	om familiar with, and accept the obli-	gations of Section 607,0505, Florid	da Statut	es.	, , , , , , , , , , , , , , , ,		´	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Florid	da Statut	es.	,			
agent, I a SIGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, Flori	da Statut	es. gent signature require	ed when reinstating) DATE			ά
agent, I a SIGNATURE 12.	sm familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.0505, Florio gent and title if applicable. (NOTE: F AND DIRECTORS	Registered A	gent signature require		ND DIRECTO	RS IN 12	1/08)
agent, 1 a SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.0505, Flori igent and title if applicable. (NOTE: 6	Registered A	gent signature require	ed when reinstating) DATE			(11/08)
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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 oath; that I am an officer or director of the corporation or the receiver or true tee 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 antachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PROPRIED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #