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

Mailing Address

3934 S.W. 8TH ST.

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S44608 1. Corporation Name

Principal Place of Business

3934 S.W. 8TH ST.

FEDERICO P. GIL, M.D., P.A.

	FL 33134		FL 33134			0.0.1	. 11.CI		1
	· ·					3. Date Incorporated or Qua	airea		
						04/11/1991			
						4. FEI Number		Anı	olied For
2. Principal Pla	ace of Business	2a. Mailing Add	1622			·· · ··			
21	• • •	26	<u></u>			65-0255728			Applicable
Suite, Apt. #	# etc	Suite, Apt. #	t, etc.				. –	\$8.75 A	dditional
	m, 010.	— — · · ·				5. Certifcate of Status Desir	ed 🗌	Fee Re	quired
22		27							
City & State		City & State	9			6. Election Campaign Finan	cing 🗂	\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
	Country	Zip	Co	untry		8. This corporation owes the	o current year int	tamoible	
Zip	Country	<u>اس</u> کان		Gitti y		,	e cullett year in		□No
24 .	25	. 29	30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of N	New Registered	Agent	
		' \		81	Name				1
011	CEDEDICO D. M.	- 14					•		
GIL, FEDERICO P. M				82	Street Addre	ess (P.O. Box Number is Not Ad	cceptable)		
3934 S.W. 8TH STREET				"	0.000.7.00.	000 (
#202				83				17 1	13
,				03		•			1
) COR	AL GABLES FL 33134							85 Zip C	odo ***
	Sec. 2.2			84	City		FI	85 Zip C	,00e
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flor	rida Statutes, the	above-	named corpo	oration submits this statement to	or the purpose of	changing its	registered
office or re	ngistered agent or both in the State	of Florida. Such chai	nne was authorize	ea dy tr	ne corporation	on's poard of directors, I nereby	accept the appoi	munem as ref	gistered
agent: l ai	m familiar with, and accept the oblig	ations of, Section 607	.0505, Florida Sta	itutes.					
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Registere	ed Agent s	signature required	d when reinstating)	DATE		
12.		ND DIRECTORS	13		·-	ADDITIONS/CHANGES T	O OFFICERS AN	ND DIRECTO	RS IN 12
12.	OHIOLIOA			·					
	_	r r	DELETE 111	TITI C		and the second s		☐ Change	☐ Addition
TITLE	D .			TITLE				Change	☐ Addition
ļ	_			TITLE NAME		75, 15		Change	☐ Addition
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ļ	GIL, FEDERICO P., M.D. 3934 S.W. 8TH ST. #202		1.21 1.35	NAME STREET A		n eysiges our n		Change	Addition
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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 suppliemental 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 of the receiver or trusted 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:

STREET ADDRESS

01-05-1999

FILED

Jan 22, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-22-1999 90014 025 ***150.00

Daytime Phone #