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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$58005

1. Corporation Name

TERESA CARDOSO, M.D., P.A.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90040 028 ***150.00

Principal Place	e of Business	Mailing Address				*		
SUITE 826		955 N.W. 3RD ST.		1				
MIAMI FL 33128	8	SUITE 826		DO NO.	14 mitt in 1711	0.00405		
US ·		MIAMI FL 33128		DO NOT		S SPACE		-
}		US		3. Date Incorporated or Qua	ilitea	•	}	
				06/07/1991				
2. Principal P	Place of Business	2a. Mailing Address	that	4. FEI Number		— 	olied For	
21 132	.1 NW 14" Street		1/4 STRE	ङ। 65-0264834			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desir	ed 🗍	\$8.75 A	I .	
22 40) て	27 402		3. Control of Child Scott		Fee Red	quired	
City & Stat		City & State		6. Election Campaign Finan	cing	\$5.00 N	May Be	
23 MI	AMI, FloRNA	28 Miami,	FloriDA	Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the	current year l	ntangible	ļ	
24 331	2-5 25 USA	29 33125 3	a usa	Personal Property Tax.	-	Yes [□No	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of N	lew Registere	Agent		
			81 Name				}	
CARDOSA, TERESA								
955 NW THIRD STRTEET		82 Street	Address (P.O. Box Number is Not Ad	ceptable)				
sun	TE 826		83					
MIA	MI FL 33128			_				
			84 City	· ·	F	85 Zip C	ode	
						- / /	rogistored	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above-named	corporation submits this statement for	r the nurpose (f changing its r	registered pistered	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was aut	norized by the corp	corporation submits this statement for oration's board of directors. I hereby	r the nurpose (f changing its r	registered jistered	
office or r agent. I a	registered agent, or both, in the State o	of Florida. Such change was aut	norized by the corp	corporation submits this statement for oration's board of directors. I hereby	r the purpose of accept the app	f changing its r	registered jistered	,
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office or agent. I a signature 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State of am familiar with, and accept the obligat Signeture, typed or printed name of registered agent OFFICERS ANI PST CARDOSO, TERESA	of Florida, Such change was autitions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS	tegistered Agent signature 13. 1.1 TITLE 1.2 NAME	equired when reinstating) ADDITIONS/CHANGES T	DATE O OFFICERS A	of changing its repointment as regular to the change of th	RS IN 12	R2E034 (11/98)
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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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PR

DELETE

☐ DELETE

☐ Change

Change

Addition

Addition