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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$61722

BODOLFO F. LAWSON, M.D., P.A.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90005 046 ***150.00



HODOLI									
Principal Place	e of Business	Mai	ling Address						
7100 WEST 201	TH AVENUE		WEST 20TH AVENUE	•					
SUITE G-126 SUITE G-126							DO NOT WRITE IN TH	IS SPACE	
HIALEAH FL 33016 HIALEAH FL 33016							3. Date Incorporated or Qualifed		
	* *						06/30/1991		
2 Principal D	face of Business	2a	Mailing Address				4. FEI Number	Ar	plied For
·	lace of Business	26					59-1945802	No	ot Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.					\$8.75	Additional
22		-	27				5. Certifcate 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	Cor	untry		8. This corporation owes the current year		_
24	25	29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Regist	ered Agent		ļ,		10. Name and Address of New Registere	d Agent	
					81	Name	•		1
	HER, CHARLES P.				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
SUITE 1101							grand and the same of the second		* 1.60 + *
	5 LEJEUNE ROAD				83		7.1500		
CORAL GABLES FL 33134					84	City	Later the second of the second of the	les Tin	Code
•						i '	poration submits this statement for the purpose		
SIGNATURE	Signature, typed or printed name of registered a					nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
12.	OFFICERS A	ND DIKE	DELETE	13.	NTLE		ADDITIONS/OTANGES TO CITABLE TO	Change	Addition
TITLE	D DODOLEO E				NAME	Ì		_ ,	
NAME	LAWSON, RODOLFO E. 7100 West 20th Avenue G	106		1.2 1					
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CITY-ST-ZIP	1 DIALEAD FL					T ADDRESS			
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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 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.

SIGNATURE: