Feb 19, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09884

1. Corporation Name

JESUS SA	ALVADOR NEGRETTE, M.D.	, P.A.								
Principal Place	of Business	Mailing Address				1				
8260 W. FLAGLER STREET		8260 W. FLAGLER STREET			l l	•				
SUITE 24		SUITE 2-1 MIAMI FL 33144				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33144		MINNI IL OSITT				3. Date Incom	porated or Qualifed			\
						01/22/19	992		 ,	
2. Principal Pla	on of Pusiness	2a. Mailing Address				4. FEI Numbe	er		<u> </u>	oplied For
¬ '	Ce of Business	26				65-0308	713			ot Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired			Additional equired
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23		28					ration owes the cur	mont year		
Zip	Country	Zip		ountry			ration owes the cui	ileiit yeai	Yes	□No
24	25	29	30			10 Name and	Address of New	Register	ed Agent	
	9. Name and Address of Current	t Registered Agent		81	Name	TO: Italia dis		<u>-, </u>		
	JEOUG GALVADOD									
NEGF	RETTE, JESUS SALVADOR			82	Street Ad	idress (P.O. Box Nu	ımber is Not Accep	itable)	•	ļ
	W. FLAGLER STREET			83			· · · · · · · · · · · · · · · · · · ·			
SUITI				00	1					
MIAM	11 FL 33144		<i>.</i> ?	. 84	City		The Transfer of the Control	. y F	EL 85 Zip	Code
		* .			1 100					
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11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obligat	2 and 607.1508, Florida St of Florida. Such change w tions of, Section 607.0505	tatutes, the as authoriz , Florida Si	e above zed by tatutes	e-named corpor	orporation submits t ation's board of dire	his statement for the	ept the ap	or changing i pointment as i	registered
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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. CITY-ST-ZIP

SIGNATURE: