

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

FILED
Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90027 008 *****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # V34722

1. Corporation Name

KIRCHNER & CABALLERO, M.D., P.A.

Principal Place of Business

1111 KANE CONCOURSE
STE. 510
BAY HARBOR ISLAND FL 33154
US

Mailing Address

1111 KANE CONCOURSE
STE. 510
BAY HARBOR ISLAND FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1992

4. FEI Number

65-0335329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRCHNER, CATHERINE M.
3451 SHERIDAN AVE
MIAMI BEACH FL 33140

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
KIRCHNER, CATHERINE M.
3451 SHERIDAN AVE
MIAMI BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSD
CABALLERO, ORLANDO G.
3451 SHERIDAN AVE
MIAMI BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSD
KIRCHNER, CATHERINE M.
3451 SHERIDAN AVE
MIAMI BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
KIRCHNER, CATHERINE M.
3451 SHERIDAN AVE
MIAMI BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PTD
KIRCHNER, CATHERINE M.
3451 SHERIDAN AVE
MIAMI BEACH FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSD
KIRCHNER, CATHERINE M.
3451 SHERIDAN AVE
MIAMI BEACH FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/99 305-865-8775

CR2E034 (11/98)