

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **625620** (0)

1. Corporation Name
DRS. MALDONADO AND FISHMAN, P.A.



Principal Place of Business
**C/O CEDARS MEDICAL CENTER
1400 N. W. 12TH AVENUE
MIAMI FL 33136
US**

Mailing Address
**C/O VICTORIA HOSPITAL
955 N.W. THIRD STREET
MIAMI FL 33128**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 **C/O Cedars Medical Center**
27 **1400 N.W. 12th AVE.**
28 **Miami, FL**
29 **33136**
30 **Fla**

3. Date Incorporated or Qualified **05/30/1979**
3a. Date of Last Report **04/11/1995**
4. FEI Number **59-1916870**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PLOUCHA, LAWRENCE M ESQUIRE
ATKINSON, DINER, STONE, BLACK 7 MANKUTA, P
1946 TYLER ST.
HOLLYWOOD FL 33022**

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City
85 Zip Code
FL

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 607.0503, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

12. OFFICERS AND DIRECTORS
12.1 NAME DELETE
PD MALDONADO, ADOLFO
12.2 STREET ADDRESS **955 N.W. THIRD STREET**
12.3 CITY, ST., ZIP **MIAMI FL**
12.4 NAME DELETE
STD FISHMAN, ALLAN
12.5 STREET ADDRESS **955 N.W. THIRD STREET**
12.6 CITY, ST., ZIP **MIAMI FL**
12.7 NAME DELETE
12.8 NAME DELETE
12.9 NAME DELETE
12.10 NAME DELETE
12.11 NAME DELETE
12.12 NAME DELETE
12.13 NAME DELETE
12.14 NAME DELETE
12.15 NAME DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
13.1 TITLE Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST., ZIP
13.5 NAME Change Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST., ZIP
13.9 NAME Change Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST., ZIP
13.13 NAME Change Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST., ZIP
13.17 NAME Change Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST., ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(4)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: **Adolfo Maldonado** President **2/1/96** (305) 325-5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)