

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 634070 (7)

1. Corporation Name

ANGEL L. BORRERO, M.D., P.A.



Principal Place of Business

2 WEST LEMON STREET
BEVERLY HILLS FL 34465
US

Mailing Address

2 WEST LEMON STREET
BEVERLY HILLS FL 34465
US

3. Date Incorporated or Qualified 08/15/1979
3a. Date of Last Report 03/17/1995

2. Principal Place of Business

2a. Mailing Address

15 S.W. KINGS BAY DRIVE

4. FEI Number 59-1920403
Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

CRYSTAL RIVER, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

34429

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORRERO, ANGEL L.
2 WEST LEMON STREET
BEVERLY HILLS FL 34465

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
15 S.W. KINGS BAY DRIVE
83
84 City CRYSTAL RIVER FL 85 Zip Code 34429

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 State) (Date)

(Date) Registered Agent Signature typed or printed (Date)

(Date)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BORRERO, ANGEL L., M.D.	
STREET ADDRESS	2 WEST LEMON STREET	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BORRERO, EDNA	
STREET ADDRESS	2 WEST LEMON ST	
CITY - ST - ZIP	BEVERLY HILLS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	15 S.W. KINGS BAY DRIVE	
1.4 CITY - ST - ZIP	CRYSTAL RIVER FL 34429	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	15 S.W. KINGS BAY DRIVE	
2.4 CITY - ST - ZIP	CRYSTAL RIVER FL 34429	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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; 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.

SIGNATURE: *Edna Borrero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Outside Phone #

CR2E034 (12/95)