

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 15 S.W. KINGS BAY DRIVE

Suite, Apt. #, etc.

27 City & State

28 CRYSTAL RIVER, FL

Zip

29 34429

Country

30

4. FEI Number

59-1920403

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

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

10. Name and Address of New Registered Agent

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 of residence

(If FEI: Registered Agent Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BORRERO, ANGEL L.M.D.
STREET ADDRESS 2 WEST LEMON STREET
CITY-ST-ZIP BEVERLY HILLS FL ☐ DELETE

TITLE ST
NAME BORRERO, EDNA
STREET ADDRESS 2 WEST LEMON ST
CITY-ST-ZIP BEVERLY HILLS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS 15 S.W. KINGS BAY DRIVE
14 CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 15 S.W. KINGS BAY DRIVE
24 CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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

Signature Printed

CR2E034 (12/95)