

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:28

DOCUMENT # **F23543** (4)

1. Corporation Name
RAFAEL M. HERNANDEZ, M.D., P.A.

Principal Office of Corporation: **1385 CORAL WAY, STE 304 MIAMI FL 33145**
Mailing Address: **1385 CORAL WAY, STE 304 MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reincorporation): **03/03/1981**
3a. Date of Last Report: **01/25/1994**

2. Principal Office of Corporation: **1385 CORAL WAY, STE 304 MIAMI FL 33145**
2a. Mailing Address: **1385 CORAL WAY, STE 304 MIAMI FL 33145**
21. State of Incorporation: **FL**
22. Date of Report: **01/25/94**
23. Type of Report: **Annual Report**
24. City: **MIAMI** 25. County: **MIAMI** 29. Zip: **33145** 30. Country: **USA**

4. FEI Number: **59-2069358** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under § 199.042 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HERNANDEZ, RAFAEL M.
1385 CORAL WAY, SUITE #304
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81. Name: _____
82. Street Address, P.O. Box Number as Not Acceptable: _____
83. _____
84. City: _____ **FL** 85. Zip Code: _____

11. Pursuant to the provisions of Sections 609, 610, and 611, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered office in the State of Florida, and the change will be implemented by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the duties of a registered agent under Florida Statutes.

Signature of Registered Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS

NAME	DP HERNANDEZ MD, RAFAEL M
ADDRESS	1385 CORAL WAY 304
CITY	MIAMI, FL 00000
STATE	
ZIP	
OFFICE ADDRESS	
CITY	
STATE	
ZIP	
OFFICE ADDRESS	
CITY	
STATE	
ZIP	
OFFICE ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS

NAME	Change	Addition
ADDRESS		
CITY		
STATE		
ZIP		
OFFICE ADDRESS		
CITY		
STATE		
ZIP		
OFFICE ADDRESS		
CITY		
STATE		
ZIP		

14. I hereby certify that the information given in this report is true and correct, and that I am a duly qualified and authorized officer or director of the corporation. I understand that the filing of this report is a public act and that the information contained herein is available to the public. I understand that the filing of this report is a public act and that the information contained herein is available to the public.

SIGNATURE: *Rafael M. Hernandez MD* (President) 1/10/95
854-3307