

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **H21979 (0)**  
1. Corporation Name  
**JUPITER INTERNAL MEDICINE ASSOCIATES, P.A.**

**95 JAN 26 PM 3: 22**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**% CRAIG P. PROKOS, M.D.**      **% CRAIG P. PROKOS, M.D.**  
**136 JUPITER LAKES BLVD**      **136 JUPITER LAKES BLVD**  
**JUPITER FL 33458**      **JUPITER FL 33458**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/20/1984**      **04/29/1994**

4. FEI Number      Applied For  
**59-2443899**       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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip

24. Country      29. Country

25.      30.

9. Name and Address of Current Registered Agent  
**PROKOS, CRAIG P., M.D.**  
**136 JUPITER LAKES BLVD**  
**JUPITER FL 33458**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>PROKOS, CRAIG P., M.D.</b>
STREET ADDRESS	<b>136 JUPITER LAKES BLVD</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<b>ST</b>
NAME	<b>CANO, MIGUEL A., M.D.</b>
STREET ADDRESS	<b>136 JUPITER LAKES BLVD</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 110.07(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: *Miguel A Cano*      Jan 13, 1995      407-746-1210  
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR      Date      (Area Phone #)