FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995 5-16-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
B-6727 CORPORATIONS C

APPROVED AND FILED
95 MAY 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J86349 (4)

1. Corporation Name
RICARDO J. PLASENCIA, M.D., P.A.

Principal Place of Business
11000 SW 62 AVE.
MIAMI FL 33156

Mailing Address
11000 SW 62 AVE.
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1987
3a. Date of Last Report: 09/07/1994
4. FEI Number: 59-2824592 — ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
PLASENCIA, RICARDO J.
11000 SW 62 AVE.
MIAMI FL 33156

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 [signature] 5/1/95

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	PS
NAME	PLASENCIA, RICARDO J.
STREET ADDRESS	11000 SW 62 AVE
CITY-ST-ZIP	MIAMI FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Field	Entry	Change	Addition
1 TITLE		☐	☐
1 NAME			
1 STREET ADDRESS			
1 CITY-ST-ZIP			
2 TITLE		☐	☐
2 NAME			
2 STREET ADDRESS			
2 CITY-ST-ZIP			
3 TITLE		☐	☐
3 NAME			
3 STREET ADDRESS			
3 CITY-ST-ZIP			
4 TITLE		☐	☐
4 NAME			
4 STREET ADDRESS			
4 CITY-ST-ZIP			
5 TITLE		☐	☐
5 NAME			
5 STREET ADDRESS			
5 CITY-ST-ZIP			
6 TITLE		☐	☐
6 NAME			
6 STREET ADDRESS			
6 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(1)(i), 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: [signature] 5/1/95 305-269-3789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0168410 CP