

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

APPROVED
AND
FILED

95 MAY -1 PM 2:27

TALLAHASSEE, FLORIDA

DOCUMENT # M72986

1. Corporation Name

Lucinda I Cuervo MD PA.

Principal Place of Business

Mailing Address

7500 SW 8 St. # 303
Miami, Fl. 33144-4400

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

3/16/88

4/21/94

4. FEI Number

65-0080729

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 § 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 7500 SW 8 St

26 7500 SW 8 St #303

Suite, Apt #, etc

Suite, Apt #, etc

22 # 303

27 # 303

City & State

Mia, Fl.

City & State

Mia, Fl.

24 Zip

33144

25 County

Dade

29 Zip

33144

30 County

Dade

9. Name and Address of Current Registered Agent

Lucinda I Cuervo MD.
6808 SW 89 Ct.
Miami, Fl. 33173

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

I, 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: Cuervo Lucinda
STREET ADDRESS: 6808 SW 89 Ct.
CITY ST ZIP: Miami, Fl. 33173

TITLE: P. Cuervo, Lucinda
NAME: P. Cuervo, Lucinda
STREET ADDRESS: 10840 S.W. 135 Terr.
CITY ST ZIP: Miami, Fl. 33176

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

11 TITLE:
12 NAME:
13 STREET ADDRESS:
14 CITY ST ZIP:
Change: Addition:
200001494822
-05/19/95 -010?? -004
****200.00 ****200.00

21 TITLE:
22 NAME:
23 STREET ADDRESS:
24 CITY ST ZIP:
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 individual or trustee appointed 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: X

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95
Date

[Handwritten Signature]
Date