FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

APPROVED
AND
FILED

95 MAY -1 PM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011155 (8)**

1. Corporate Name
LOUIS A. ARANGO, M.D., P.A.

Principal Place of Business
5145 HOLLY DR
PALM BEACH GARDENS FL 33418

Mailing Address
5145 HOLLY DR
PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Corporation First Qualified: 12/11/1992
3a. Date of Last Report: 07/08/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #
22

Suite, Apt. #
27

City, State
23

City, State
28

24 25 29 30

4. FEI Number: 65-0375582 — 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOOOGE, HOWARD E JR 401 EAST OSCEOLA STREET STUART FL 34994	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 section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of this corporation as authorized by the corporation's board of directors are as follows: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D ARANGO, LOUIS A 5145 HOLLY DR PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, including any changes, is true and accurate and that this report is being filed within the time prescribed by Section 607.0505, Florida Statutes. I further certify that the corporation has complied with the applicable provisions of Section 607.0505, Florida Statutes, and that the name appearing in Block 1 of this report is the name of a Florida corporation.

SIGNATURE: Luis A. Arango M.D. — 4/28/95 — (407) 622-6651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUIS A. ARANGO

0283984 CP