

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000031794 (9)**

1. Corporation Name
J.A. SUAREZ, JR., M.D., P.A.



Principal Place of Business: **6103 SE FEDERAL HIGHWAY STUART FL 34997 US**
Mailing Address: **194 N.E. ELM TERRACE JENSEN BEACH FL 34957**

2. Principal Place of Business: 21 State Apt. #, 22 City & State, 23 Zip, 24 Country
2a. Mailing Address: 26 State Apt. #, 27 City & State, 28 Zip, 29 Country

3. Date Incorporated or Qualified: **04/30/1993**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **65-0413186**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$3.00 Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SUAREZ, JR. J
6103 SE FEDERAL HIGHWAY
STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Jose A. Suarez, Jr.* DATE: **1/17/96**

12. OFFICERS AND DIRECTORS

1. TITLE	PVTS	<input type="checkbox"/> DELETE
2. NAME	SUAREZ, JOSE A JR	
3. STREET ADDRESS	194 N.E. ELM TERRACE	
4. CITY, STATE, ZIP	JENSEN BEACH FL 34957	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, 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. 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 on Block 12 or Block 13 if changed, or on a current filing with an address.

SIGNATURE: *Jose A. Suarez, Jr.* PRESIDENT DATE: **1/17/96** 407-220-1664

CR2E034 (12/95)