

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

95 APR 28 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000082846 (5)**

1. Corporation Name

**FRIAS AND FRIAS MEDICAL, MARRIAGE AND FAMILY THE  
RAPHY CLINIC, INC.**

Principal Place of Business  
**116 PONCE DE LEON BLVD.  
CORAL GABLES FL 33135**

Mailing Address  
**116 PONCE DELEON BLVD  
CORAL GABLES FL 33135  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/03/1993**      3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0454357**      Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution Added to Fees**

6. This corporation has liability for intangible tax under S. 193.032,  
Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21	25	26	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	28 Zip	30 Country

9. Name and Address of Current Registered Agent

**DE LA O, JOSE M  
1108 PONCE DE LEON BLVD  
CORAL GABLES FL 33134**

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 **FL**

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 *Jose M. De la O*

1/11/95

12. OFFICERS AND DIRECTORS

TITLE	<b>PDP</b>
NAME	<b>LLANES, SARA M MS</b>
STREET ADDRESS	<b>116 PONCE DE LEON BLVD</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>VP</b>
NAME	<b>FRIAS, ROGELIO C</b>
STREET ADDRESS	<b>116 PONCE DE LEON BLVD</b>
CITY - ST - ZIP	<b>CORAL GABLES 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: *Jose M. De la O*

1/11/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR