


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Moore  
Secretary of REVENUE  
DIVISION OF CORPORATIONS

DOCUMENT # P93000082846 (5)  
1. Corporation Name  
FRIAS AND FRIAS MEDICAL, MARRIAGE AND FAMILY THE  
RAPY CLINIC, INC.



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

Mailing Address  
116 PONCE DELEON BLVD  
CORAL GABLES FL 33135-1034  
US

3. Date Incorporated or Qualified: 12/03/1993  
3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0454357  
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: 116 Ponce de Leon Blvd  
21. Suite, Apt. #, etc.:  
22. City & State: Coral Gables, Fla  
23. Zip: 33135  
24. Country: Dade

2a. Mailing Address: Same  
26. Suite, Apt. #, etc.: Same  
27. City & State: same  
28. Zip: 30  
29. 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDP	<input type="checkbox"/> DELETE
NAME	LLANES, SARA M MS	
STREET ADDRESS	116 PONCE DE LEON BLVD	
CITY - ST - ZIP	CORAL GABLES FL 33135	
TITLE	Vice-President	<input type="checkbox"/> DELETE
NAME	Adrian Fernandez	
STREET ADDRESS	116 Ponce de Leon Blvd.	
CITY - ST - ZIP	Coral Gables, Fl 33135	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 does not qualify for exemption stated in Section 119.07(3)(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: Sara M. Llanes U.S. 4/20/97 (305) 443-5685  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
0198017

CR2E034 (9/96)