

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

- PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S72450** (7)

1. Corporation Name
MEDICAL PROTECTION & DEFENSE, INC.



Principal Place of Business: **890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146**
Mailing Address: **890 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146**

3. Date Incorporated or Qualified: **08/08/1991** 3a. Date of Last Report: **01/18/1995**
4. FEI Number: **65-0320301** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent: **ALVAREZ, MARY LOU RODON 890 SOUTH DIXIE HWY MIAMI FL 33146**
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS ALVAREZ, MARY LOU RODON 890 S DIXIE HWY MIAMI FL	<input type="checkbox"/> DELETE	1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE	SD SHRIEBER, GERHARDT A. 890 S DIXIE HWY MIAMI FL	<input type="checkbox"/> DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE	PD GOMEZ IGUNA, JULIO CESAR 890 S DIXIE HWY MIAMI FL	<input type="checkbox"/> DELETE	3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE	VTD BARATA, AVELINO DANIEL 890 S DIXIE HWY MIAMI FL	<input type="checkbox"/> DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information submitted 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 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: Avelino Daniel Barata
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (305) 662-2629

CF2E034 (12/95)