

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

**APPROVED
AND
FILED**

95 MAY 11 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V07733**

(1)

1. Corporation Name
MICHAEL R. OBREGON O.D., P.A.

Principal Place of Business

6702 BIRD ROAD
MIAMI FL 33155

Mailing Address

6702 BIRD ROAD
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/21/1992	05/01/1994
4. FEI Number	Applied For
65-0306225	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
6. This Corporation has intent, for whatever purpose, to move to Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
State Apt. # etc.	State Apt. # etc.
22	27
City & State	City & State
23	28
24	25
29	30

9. Name and Address of Current Registered Agent

**SHAPIRO, IRA R ESQ
13899 BISCAYNE BLVD
SUITE 400
MIAMI FL 33181**

10. Name and Address of New Registered Agent

B1. Name		
B2. Street Address (P.O. Box Number is Not Acceptable)		
B3.		
B4. City	FL	B5. Zip Code

11. Pursuant to the provisions of Sections 607.0503 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 provisions of Sections 607.0503, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1)	
1. TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	OBREGON, MICHAEL OD	2. NAME	
3. STREET ADDRESS	800 W AVE #819	3. STREET ADDRESS	
4. CITY, ST, ZIP	MIAMI BEACH FL	4. CITY, ST, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. 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 319.021(b), Florida Statutes. I further certify that this information is correct on the annual report or supplementary annual report as filed and is complete and that my signature shall appear on the same legal office of this state and that I am responsible for filing for all the corporations in the name of Florida incorporated to occur on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, of Block 13, of each of the corporations with an address.

SIGNATURE: *Michael R. Obregon, O.D., P.A.* *Michael R. Obregon, O.D.* 5/8/95 (305) 661-1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR