

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

1995 ANNUAL REPORT



OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAY 10 AM 10:35

DOCUMENT # **V07802 (4)**

ASSOCIATION OF CHILDREN'S PHYSICIANS AND SURGEON S, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1320 S DIXIE HIGHWAY SUITE 830 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date of first election/qualification: 01/21/1992
3a. Date of last request: 07/20/1994
4. Filing number: 65-0316922
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes: No

9. Name and Address of Current Registered Agent: BREIER, ROBERT G, 1320 S DIXIE HIGHWAY, SUITE 830, CORAL GABLES FL 33146
10. Name and Address of New Registered Agent: (Empty)

11. I, the undersigned, being a director or officer of the corporation, do hereby certify that the foregoing is a true and correct copy of the articles of incorporation and the amendments thereto as filed with the Secretary of State...

Table with columns for Name, Address, and other details. Entry for NAHMAD, MICHEL H at 1320 S DIXIE HWY, CORAL GABLES FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true and correct, for the corporation stated in this filing...

SIGNATURE: Michel Nahmad
MICHEL NAHMAD

305-6628320

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APPROVED AND FILED

STATE OF FLORIDA
 DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
 WASHINGTON, MISSISSIPPI
 TALLAHASSEE, FLORIDA

1995 5-11-95 B-6687 C

COMM. REG. NO. 05

DOCUMENT # **V08971** (6)

CAPITAL CONTRACTING GROUP, INC.

Principal Office: P. O. BOX 692005 ORLANDO FL 32869 US
 Mailing Address: P. O. BOX 692005 N/A ORLANDO FL 32869 US

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30	3. Date of Incorporation / Qualified	3a. Date of Last Report
										01/22/1992	04/27/1994
										59-3101255	Applied For / Not Applicable
										5. Certificate of Status Desired	\$8.75 Additional Fee Required
										6. Election Campaign Financing / Trust Fund Contributor	\$5.00 May Be Added to Fees
										8. This corporation has liability for intangible tax under S. 199.02, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SNYZYK, JOSEPH C. 11237 SCENIC VIEW LANE ORLANDO FL 32821				B1	Name		
				B2	Street Address (P.O. Box Numbers Not Acceptable)		
				B3			
				B4	City, State		
				FL	B5 Zip Code		

11. Pursuant to the provisions of Sections 600.01 and 600.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors, if any, or the appointment of a registered agent, if any, and to accept the obligations of Section 600.02, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Any)	
1. NAME	D SNYZYK, JOSEPH C. 11237 SCENIC VIEW LANE ORLANDO FL	1. NAME	V. P. McKinnon, Michael 11237 Scenic View Lane Orlando, FL 32821
2. NAME		2. NAME	
3. NAME		3. NAME	
4. NAME		4. NAME	
5. NAME		5. NAME	
6. NAME		6. NAME	
7. NAME		7. NAME	
8. NAME		8. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and qualify for the exemption stated in Section 600.02, Florida Statutes. I further certify that this information was filed on the annual report or supplemental annual report to the Secretary of State and is available and that my signature shall have the same legal effect as if made in person. I warrant that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report as an attachment with an address.

SIGNATURE: Joseph Snyzyk Pres. D. 5-5-95 407-239-4009