

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **455239** (4)

1. Corporation Name
JOSE C. VILLALBA, M.D., P.A.

95 MAR 14 AM 10:14

Principal Place of Business Mailing Address
**7401 NORTH UNIVERSITY DRIVE
SUITE 101
TAMARAC FL 33321**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/24/1974** 3a. Date of Last Report **02/23/1994**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.

4. FEI Number **59-1538197** Applied For Not Applicable

22 City & State 27 City & State

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

24 Zip 25 Country 28 Zip 30 Country

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

7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLALBA, JOSE C
4445 NW 100 AVE
CORAL SPRINGS 33065**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607 (602 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.

DEPARTMENT OF STATE (Seal of the Department of State) 2011 (Seal of the Department of State) (Seal)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	TPV VILLALBA, JOSE C 4445 NW 100TH AVE CORAL SPRINGS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		1.2 NAME	
12.3 CITY, ST, ZIP		1.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		1.4 CITY, ST, ZIP	
12.5 NAME	PVS VILLALBA, JOSE C 4445 NW 100TH AVE CORAL SPRINGS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		2.2 NAME	
12.7 CITY, ST, ZIP		2.3 STREET ADDRESS	
12.8 CITY, ST, ZIP		2.4 CITY, ST, ZIP	
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		3.2 NAME	
12.11 CITY, ST, ZIP		3.3 STREET ADDRESS	
12.12 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY, ST, ZIP		4.3 STREET ADDRESS	
12.16 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY, ST, ZIP		5.3 STREET ADDRESS	
12.20 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY, ST, ZIP		6.3 STREET ADDRESS	
12.24 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(1)(b), Florida Statutes. I further certify that the information was filed on this annual report or supplemental annual report in true and accurate form 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jose C Villalba* 3-8-95 305.722-0220
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR MEMBER OR DIRECTOR (Date)