

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 455683 (3)**  
1. Corporation Name  
**CECILIO J. BUSTILLO, M.D., P.A.**



Principal Place of Business <b>4791 W 4TH AVE HALEAH FL 33012</b>	Mailing Address <b>4791 W 4TH AVE HALEAH FL 33012</b>
--	--

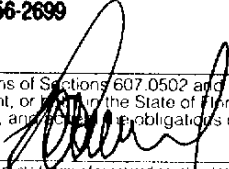
2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29	3. Date Incorporated or Qualified <b>07/01/1974</b>	3a. Date of Last Report <b>06/30/1995</b>
--	---	--	--

4. FEI Number <b>59-1540631</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**MARGOLIS, JOHN A.  
9990 SW 77TH AVE.  
SUITE 330  
MIAMI FL 33156-2699**

10. Name and Address of New Registered Agent  
81 Name **PAUL SALVER ESQ.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5881 NW 151 ST # 101**  
83  
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

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 **6/27/96**

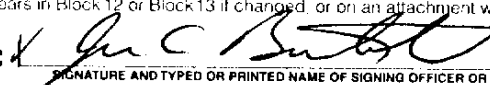
12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> <del>BUSTILLO, CECILIO J.</del> <del>4791 W. 4TH AVE.</del> <del>HALEAH FL 33012</del>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<b>PD</b> <b>JUAN-C. BUSTILLO</b> <b>4791 W. 4TH AVE</b> <b>HALEAH, FL 33012</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **7/1/96** 305 557-0541

CR2E034 (3/96)