

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Apr 03 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 461180**

**(2)**

1. Corporation Name

**RAFAEL G. MADRIGAL, M.D., P.A.**



Principal Place of Business

**4950 S.W. 8TH ST. STE 302  
CORAL GABLES FL 33134**

Mailing Address

**4950 S.W. 8TH ST. STE 302  
CORAL GABLES FL 33134**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**MADRIGAL, RAFAEL GARCIA  
4950 S.W. 8TH ST, STE 302  
SUITE 403  
CORAL GABLES FL 33134**

81 Name

82 Street Address (P.O. Box Not Permitted)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Created  
**09/16/1974**

3a. Date of Last Report  
**04/04/1995**

4. FEI Number  
**59-1549592**

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0607 and 607.1609, 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. Each change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the provisions of Sections 607.0607, Florida Statutes.

SIGNATURE

*R. S. Madrigal M.D. President* **03/22/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MADRIGAL, RAFAEL GARCIA</b>	
STREET ADDRESS	<b>4950 SW 8TH ST., STE 302</b>	
CITY, ST, ZIP	<b>CORAL GABLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	
26 NAME	
27 STREET ADDRESS	
28 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 TITLE	
30 NAME	
31 STREET ADDRESS	
32 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 TITLE	
34 NAME	
35 STREET ADDRESS	
36 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37 TITLE	
38 NAME	
39 STREET ADDRESS	
40 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 comply for the exemption stated in Section 119.07(3)(a), 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 registered or former registered agent to verify this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change is or on an attachment with an address.

SIGNATURE:

*R. S. Madrigal M.D.* **03/22/96 (305) 442-2212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)