

**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

95 MAR 28 PM 12: 00

DOCUMENT # **463149** (5)

1. Corporation Name  
**JUAN M. LOPEZ, M.D., P.A.**

Principal Place of Business Mailing Address  
**2229 PARK ST JACKSONVILLE FL 32204 US**

DO NOT WRITE IN THIS SPACE.

|                                |  |                     |  |   |   |
|--------------------------------|--|---------------------|--|---|---|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report Applied For                                 |
| 21                             |  | 26                  |  | 10/14/1974  | 04/01/1994  |
| 22                             |  | 27                  |  | 4. FEI Number   | Applied For   |
| City & State                   |  | City & State        |  | 59-1552848  | Not Applicable  |
| 23                             |  | 28                  |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| Zip                            |  | Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| Country                        |  | Country             |  | 7. This corporation has liability for intangible tax under S. 199.032, 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 |  |    |    |
| LOPEZ, JUAN<br>3527 HERMITAGE RD<br>JACKSONVILLE FL 32211 |  |  |  | B1   | Name   |    |    |
|   |  |  |  | B2   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|   |  |  |  | B3   |  |    |    |
|   |  |  |  | B4   | City   | FL | B5 |

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: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------|---|---|
| TITLE                      | PD                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LOPEZ, JUAN       | 1.2 NAME  |   |
| STREET ADDRESS             | 3527 HERMITAGE RD | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | JACKSONVILLE FL   | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 2.2 NAME  |   |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                   | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 3.2 NAME  |   |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                   | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME  |   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                   | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME  |   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                   | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME  |   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                   | 6.4 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 199.03(2)(b), Florida Statutes. I further certify that the information indicated on the 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 use this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X *Juan M. Lopez* Juan M. Lopez X 3/22/95 904-389-7009