

ANNUAL REPORT
1995

Division of Corporations
Secretary of State

FILED

DOCUMENT # 465295

(4)

95 APR 28 PM 6:34

1. Corporation Name

JUAN N. BARRIOS, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

521 BUENAVISTA
LAKELAND FL 33805
US

521 BUENAVISTA
LAKELAND FL 33805
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/20/1974

3a. Date of Last Report

08/19/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1553021

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

30 Country

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUAN N. BARRIOS M.D.
521 BUENAVISTA
LAKELAND FL 33805

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 607.0502 and 607.1509, 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

Signature, typed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
BARRIOS, JUAN N.
5329 GLENMORE DRIVE
LAKELAND FL

1. 1 TITLE
1. 2 NAME
1. 3 STREET ADDRESS
1. 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2. 1 TITLE
2. 2 NAME
2. 3 STREET ADDRESS
2. 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3. 1 TITLE
3. 2 NAME
3. 3 STREET ADDRESS
3. 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4. 1 TITLE
4. 2 NAME
4. 3 STREET ADDRESS
4. 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5. 1 TITLE
5. 2 NAME
5. 3 STREET ADDRESS
5. 4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6. 1 TITLE
6. 2 NAME
6. 3 STREET ADDRESS
6. 4 CITY - ST - ZIP

Change 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 resolver or person empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #