FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:25

DOCUMENT # 476128 (4)

1. Corporation Name
MIRIAM V. MORALES, M.D., P.A.

Principal Place of Business	Mailing Address
2001 S.W. 27TH AVENUE MIAMI FL 33145	2001 S.W. 27TH AVENUE MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1975
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1592316 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

TRAUM, SYDNEY S., ESQ.
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 607.1508, 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	
01 TITLE	P	11 TITLE	☐ Change ☐ Addition
02 NAME	MORALES, MIRIAM V., MD	12 NAME	
03 STREET ADDRESS	2001 SW 27TH AVENUE	13 STREET ADDRESS	
04 CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
05 TITLE	S	21 TITLE	☐ Change ☐ Addition
06 NAME	MORALES, AZORIDES R., MD	22 NAME	
07 STREET ADDRESS	2001 SW 27TH AVENUE	23 STREET ADDRESS	
08 CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 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 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an asterisk.

SIGNATURE: M. Morales 1-11-95 8574334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
MIRIAM V. MORALES

0158264 CP