

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:18

DOCUMENT # 477087 (1)

1. Corporation Name
JUAN D. SANABRIA, M.D., P.A.

Principal Place of Business: 4406 SOUTH FLORIDA AVENUE LAKELAND FL 33813
Mailing Address: 4406 SOUTH FLORIDA AVENUE LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Reorganization): **05/30/1975**
3a. Date of Last Report: **02/04/1994**
4. FEI Number: **59-1595734**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Concerning Dividend Payout and Contributions: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under W. 193.033, Florida Statutes: Yes No

2. Principal Place of Business:
21. **1429 LAKELAND HILLS BLVD**
22. **LAKELAND, FL 33804**
23. **PO BOX 91569**
24. **POLK**
25. **33804**
26. **LAKELAND, FL**
27. **33804**
28. **POLK**
29. **33804**
30. **POLK**

9. Name and Address of Current Registered Agent
SANABRIA, JUAN D.
4406 SOUTH FLORIDA AVENUE
LAKELAND FL

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. FL
86. Zip Code

11. Pursuant to the provisions of Sections 607.001(2) and 607.001(3), Florida Statutes, the officer named hereon has signed this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. This change was authorized by the corporation's board of directors, if any, or by a majority of its shareholders, if any, and is hereby accepted by the appointed registered agent. I am familiar with and accept the obligations of Sections 607.001(2) and 607.001(3), Florida Statutes.
SIGNATURE: **JUAN D. SANABRIA**
Date: **2-8-95**

12. OFFICERS AND DIRECTORS

12.1 NAME	DP SANABRIA, JUAN D.
12.2 STREET ADDRESS	PO BOX 91569 NA
12.3 CITY, ST, ZIP	LAKELAND FL 69
12.4 NAME	
12.5 STREET ADDRESS	
12.6 CITY, ST, ZIP	
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	
13.6 CITY, ST, ZIP	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY, ST, ZIP	
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 STREET ADDRESS	
13.15 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 1903(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or new officers named with an address.

SIGNATURE: **Juan Sanabria** 2-8-95 813 284 1578
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR