

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PM 1:25

DOCUMENT # **486148** (0)

1. Corporation Name

JORGE H. PEREZ-PEREZ, M.D., P.A.

Principal Place of Business

1822 E 4 AVENUE
HIALEAH FL 33010

Mailing Address

1822 E 4 AVENUE
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1975**
3a. Date of Last Report: **02/23/1994**

4. FEI Number: **59-1625956**
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

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

SCOTT, ESQ., HOWARD F.
7900 N. E. 2ND AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

12. OFFICERS AND DIRECTORS

101. NAME	PD PEREZ-PEREZ, M.D., JORGE H
102. STREET ADDRESS	1822 E 4 AVENUE STE A
103. CITY, ST, ZIP	HIALEAH FL
104. NAME	D MARIN, M.D., RORY
105. STREET ADDRESS	1816 E 4TH AVENUE
106. CITY, ST, ZIP	HIALEAH FL
107. NAME	
108. STREET ADDRESS	
109. CITY, ST, ZIP	
110. NAME	
111. STREET ADDRESS	
112. CITY, ST, ZIP	
113. NAME	
114. STREET ADDRESS	
115. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2. NAME	
11.3. STREET ADDRESS	
11.4. CITY, ST, ZIP	
11.5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6. NAME	
11.7. STREET ADDRESS	
11.8. CITY, ST, ZIP	
11.9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10. NAME	
11.11. STREET ADDRESS	
11.12. CITY, ST, ZIP	
11.13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14. NAME	
11.15. STREET ADDRESS	
11.16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in Section 133.07(3)(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. That I am an officer or director of the corporation as the manager 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 of changes to officers and directors as address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TITLE OF CURRENT NAME OF BOARD OFFICER OR DIRECTOR

1/9/95 (305) 857-1021