

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **493636** (5)

1. Corporation Name  
**FRANCISCO IGLESIAS, M.D., P.A.**



Principal Place of Business Mailing Address  
**207 N. PLANT AVE. PLANT CITY FL 33567**

3. Date Incorporated or Qualified **01/09/1976** 3a. Date of Last Report **02/02/1995**  
4. FEI Number **59-1671718** 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 2a. Mailing Address  
21: State, Apt. #, etc. 26: Suite, Apt. #, etc.  
22: City & State 27: City & State  
23: Zip 28: Zip Country 29: Zip Country  
24: 25: 30:

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**IGLESIAS, FRANCISCO  
207 N PLANT AVE.  
PLANT CITY FL 33567**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Francisco Iglesias*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	<b>IGLESIAS, FRANCISCO</b>	11.2 NAME	
11.3 STREET ADDRESS	<b>207 N PLANT AVE.</b>	11.3 STREET ADDRESS	
11.4 CITY, ST, ZIP	<b>PLANT CITY FL</b>	11.4 CITY, ST, ZIP	
12.1 TITLE	<b>ST</b> <input type="checkbox"/> DELETE	12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	<b>IGLESIAS, FRANCISCO</b>	12.2 NAME	
12.3 STREET ADDRESS	<b>207 N PLANT AVE.</b>	12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	<b>PLANT CITY FL</b>	12.4 CITY, ST, ZIP	
13.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		13.2 NAME	
13.3 STREET ADDRESS		13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
14.1 TITLE	<input type="checkbox"/> DELETE	14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.2 NAME		14.2 NAME	
14.3 STREET ADDRESS		14.3 STREET ADDRESS	
14.4 CITY, ST, ZIP		14.4 CITY, ST, ZIP	
15.1 TITLE	<input type="checkbox"/> DELETE	15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.2 NAME		15.2 NAME	
15.3 STREET ADDRESS		15.3 STREET ADDRESS	
15.4 CITY, ST, ZIP		15.4 CITY, ST, ZIP	

14. I, the undersigned, 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 a 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 on an attachment with an address.

SIGNATURE: *Francisco Iglesias* **FRANCISCO IGLESIAS** 1/30/96 (813) 754-3741

CR2E034 (12/95)