FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # 515157 (6)

1. Corporation Name

ARMANDO JIMENEZ, M.D., P.A.

APPROVED AND FILED

95 MAY -1 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

575 EAST CENTRAL AVE
WINTER HAVEN FL 33880-3054

Mailing Address

575 EAST CENTRAL AVE.
WINTER HAVEN FL 33880-3054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1976

3a. Date of Last Report: 04/22/1994

4. FEI Number: 59-1693573 — 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 subject to Section 607.1602 Florida Statutes: Yes / No

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25

2a. Mailing Address — 26 — 27 — 28 — 29 — 30

9. Name and Address of Current Registered Agent

ARMANDO JIMENEZ,M.D.
575 EAST CENTRAL AVE.
WINTER HAVEN FL 33880

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 Section 607.1602 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, and it has been 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 607.1602 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	JIMENEZ, ARMANDO
STREET ADDRESS	575 EAST CENTRAL AVE.
CITY	WINTER HAVEN FL
TITLE	S
NAME	JIMENEZ, ARMANDO
STREET ADDRESS	575 EAST CENTRAL AVE.
CITY	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	
TITLE	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	
TITLE	Change / Addition
NAME	
STREET ADDRESS	
CITY	

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 the 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 on an attachment with an address.

SIGNATURE: Armando Jimenez 4/21/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0314809 CP