

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 515728 (4)

1. Corporation Name

BENEMERITO & FLORES, M.D.'S, P.A.



Principal Place of Business

Mailing Address

1801 SOUTH 23RD STREET  
SUITE 2  
FT. PIERCE FL 34950  
US

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SUITE 2  
FT. PIERCE FL 34950  
US

3. Date Incorporated or Qualified  
10/01/1976

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

4. FEI Number

59-1690456

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNEED, RICHARD D.  
700 VIRGINIA AVENUE 1905 So. 25th St.  
SUITE 104 SUN BANK BLDG. SUITE 206  
FT. PIERCE FL 34982 34947

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
12 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
13 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
14 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
15 TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
16 TITLE  
NAME  
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CITY- ST- ZIP  
17 TITLE  
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30 TITLE  
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11 TITLE  
12 NAME  
13 STREET ADDRESS  
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21 TITLE  
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31 TITLE  
32 NAME  
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34 CITY- ST- ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96 (407) 465-1176

CR2E034 (12/95)