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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT

515728

(4)

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

	of Business	Mailing Address				- [[66][64] [[1][64] [[67][64] [[67][64]	HOLL BURN BIAD		(410 () (611) (60)
		_							
SUITE 2	23RD STREET	1801 SOUTH 23RD ST SUITE 2	REET						
FT. PIERCE F US	EL 34950	FT. PIERCE FL 34950 US					e of Last Report 4/12/1995		
2. Principal Pic		2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1690456			Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #. etc. 27				5. Certificate of Status Desired			5 Additional Required
City & State	!	City & State	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing		\$5.0	00 May Be
23		28				Trust Fund Contribution			ed to Fees
Zip L	Gountry	Zip	\vdash	untry		8. This corporation has liability for in	_	k under s	199.032,
4	[25]	[29]	30	T		Florida Statutes Yes			
	9. Name and Address of Currer	it Hegistered Agent		81	Namo	10. Name and Address of New Re	gistered A	gent	
ONEED	NOUMED D			"	Name				
ONEEU,	SNEED, RICHARD D. 700 VIRGINIA AVENUE 1905 So. 25 55. SUITE 104-SUN BANK-BLDG. SUITE 206				Street Addres	ss (P.O. Box Number is Not Acceptable	a)		
CLUTE-4	ALGUM DANK DLDC 5/4/	TE 206		83					
בד סונם	CE EL 24002 TILOUR	1-0-4							
FI. FIEN	CE FL 84982 34947			84	City		FL	85 Z	ip Code
44 Duminant to	tue previous of Costions 607 0600	and 607 1609. Florida Statut	on the pho	11		tion submits this statement for the purp			
or registere	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz	red by the o	согрх	oration's board	of directors. I hereby accept the appo	intment as	registered	d agent. I am
SIGNATURE :									
	Stjustine typed or perted hand of registered agent			1 Agent	it signature required v	· ··· · · · · · · · · · · · · · · · ·	DATE		
12.	PTD	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
HITLE 		ר"ו מנונינ	1 11				L] Change	☐ Addition
NAME	BENEMERITO, EUSEBIO 7307 ELYSE		1.2 N						
STREET ADDRESS	PT. ST. LUCIE FL				ADDRESS				
(city+\$1+ZP	VS	ET) DELETE		ITY - S	I - ZIP			7.05	——————————————————————————————————————
TOFLE	FLORES, GERARD Q.	DELFTE	2 1 1				L] Change	Addition Addition
NAME	118 NORTH NARANJA		2.2 N/						
STREET ADDRESS	PT. ST. LUCIE FL		2351	TAEET	ADDRESS				
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T flif		F1 DC1 ETC		ITY-S	J-ZiP			10.	
		[] DELETE	3 1 7	ITY-S	T - ZIP) Change	Addition
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STREET ADDRESS CITY-ST-ZEP TITE		☐ DELETE	3 1T 32 N 33 S 34 G 4 1T	ITY-S' TILE AME THEET TY-S'	I ADDRESS			Change	Addition
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4. To refer by cettly that the information supplied with this limit is consisted and obes not quality for the exemption stated in Section 19-07(3)(k), Fronce Statutes. Truther 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 certify 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 ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/2/96 (40

(407)\$65-1178 Daytime Prione #