

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 # 536035

(9)

1. Corporation Name

PEDRO MUSA-RIS, M.D., P.A.



Principal Place of Business

510 SW 27TH AVENUE
MIAMI FL 33135

Mailing Address

510 SW 27TH AVENUE
MIAMI FL 33135

3. Date Incorporated or Qualified
06/01/1977

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSA-RIS, PEDRO
510 S.W. 27TH AVENUE
SUITE 301
MIAMI FL 33133

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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 607.005, Florida Statutes.

SIGNATURE

Pedro Musa-Ris
(Signature of type or printed name of registered agent and title, if applicable)

President
(NOTE: Registered Agent signature required when reinstating)

3/1/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MUSA-RIS, PEDRO
STREET ADDRESS 510 S.W. 27TH AVE.
CITY- ST- ZIP MIAMI FL
[] DELETE

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
[] DELETE

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
[] DELETE

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
[] DELETE

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
[] DELETE

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP
[] DELETE

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:

Pedro Musa-Ris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Musa-Ris, M.D., President

Date

(305)649-6199

Daytime Phone #

CR2E034 (12/95)