

536460

Annual Report

Filed 3-21-83

2 pgs.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

MAR 21 10 43 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable to: Secretary of State

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

1. Name and Address of Corporation Principal Office

536460
OCHOA (JULIO F.), M.D., P.A.
1210 16TH ST. N.
ST. PETERSBURG, FLORIDA 33705

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State

Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

05/31/1977

4. Federal Employer Identification Number (FEIN)

54-1755078

5. Date of Last Report

02/02/1982

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
OCHOA, JULIO F.	P	6796 COLONY DR SO	ST. PETERSBURG FL
OCHOA, JULIO F.	S	6796 COLONY DR SO	ST. PETERSBURG FL

Registered Agent Information

7. Name and Address of Current Registered Agent

OCHOA, JULIO F.
1210 16TH ST. NO.
ST. PETERSBURG, FLORIDA 33705

8. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____

(Registered Agent Accepting Appointment)

DATE _____

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath

Signature

Julio F. Ochoa M.D.

Date

1-25-83

Typed Name of Signing Officer

PRG'S

Title

Julio F. Ochoa M.D. President

Telephone Number

895-6609

COR 600 (1-83)