

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **540681**

(4)

1. Corporation Name

HECTOR J. SANCHEZ, M.D., P.A.



Principal Place of Business

**3211 PONCE DE LEON BLVD
SUITE 303
CORAL GABLES FL 33134**

Mailing Address

**3211 PONCE DE LEON BLVD.
SUITE 303
CORAL GABLES FL 33134**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24 County

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29 County

9. Name and Address of Current Registered Agent

**SANCHEZ, HECTOR
3211 PONCE DE LEON BLVD. STE 303
CORAL GABLES 33134**

3. Date Incorporated or Qualified 07/01/1977	3a. Date of Last Report 01/25/1995
4. FID Number 59-1750222	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 195.032 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Sections 607.02(7) and 607.1803, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office from a principal place of business in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1803, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 NAME	PA SANCHEZ, HECTOR J	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	1515 SARRIA AVE	
12.3 CITY, STATE, ZIP	CORAL GABLES FL	
12.4 TITLE		<input type="checkbox"/> DELETE
12.5 NAME		<input type="checkbox"/> DELETE
12.6 STREET ADDRESS		
12.7 CITY, STATE, ZIP		
12.8 TITLE		<input type="checkbox"/> DELETE
12.9 NAME		<input type="checkbox"/> DELETE
12.10 STREET ADDRESS		
12.11 CITY, STATE, ZIP		
12.12 TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		
13.6 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 STREET ADDRESS		
13.8 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		
13.10 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS		
13.12 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		
13.14 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.15 STREET ADDRESS		
13.16 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information herein is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information included on this annual report or significant annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as a director or officer with an address.

SIGNATURE: *[Signature]* **HECTOR J. SANCHEZ** **01/17/96** (305) 444-6678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)