

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 546298 (1)

1. Corporation Name
SILVANO A. HERNANDEZ HERRERA, M.D., P.A.

Principal Place of Business
3970 W FLAGLER ST SUITE 103
CORAL GABLES FL 33134

Mailing Address
3970 W FLAGLER ST SUITE 103
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1977

4. FEI Number

59-1763995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

25

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

HERRERA, SILVANO A. HERNANDEZ
3970 W. FLAGLER ST., SUITE 103
CORAL GABLES FL 33134

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 607.0502 and 607.1505, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HERRERA, SILVANO A. H
3970 W. FLAGLER ST., STE. 103
CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change

Addition

15 TITLE
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP

Change

Addition

19 TITLE
20 NAME
21 STREET ADDRESS
22 CITY-ST-ZIP

Change

Addition

23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY-ST-ZIP

Change

Addition

27 TITLE
28 NAME
29 STREET ADDRESS
30 CITY-ST-ZIP

Change

Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change

Addition

35 TITLE
36 NAME
37 STREET ADDRESS
38 CITY-ST-ZIP

Change

Addition

39 TITLE
40 NAME
41 STREET ADDRESS
42 CITY-ST-ZIP

Change

Addition

43 TITLE
44 NAME
45 STREET ADDRESS
46 CITY-ST-ZIP

Change

Addition

47 TITLE
48 NAME
49 STREET ADDRESS
50 CITY-ST-ZIP

Change

Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change

Addition

55 TITLE
56 NAME
57 STREET ADDRESS
58 CITY-ST-ZIP

Change

Addition

59 TITLE
60 NAME
61 STREET ADDRESS
62 CITY-ST-ZIP

Change

Addition

63 TITLE
64 NAME
65 STREET ADDRESS
66 CITY-ST-ZIP

Change

Addition

67 TITLE
68 NAME
69 STREET ADDRESS
70 CITY-ST-ZIP

Change

Addition

71 TITLE
72 NAME
73 STREET ADDRESS
74 CITY-ST-ZIP

Change

Addition

75 TITLE
76 NAME
77 STREET ADDRESS
78 CITY-ST-ZIP

Change

Addition

79 TITLE
80 NAME
81 STREET ADDRESS
82 CITY-ST-ZIP

Change

Addition

83 TITLE
84 NAME
85 STREET ADDRESS
86 CITY-ST-ZIP

Change

Addition

87 TITLE
88 NAME
89 STREET ADDRESS
90 CITY-ST-ZIP

Change

Addition

91 TITLE
92 NAME
93 STREET ADDRESS
94 CITY-ST-ZIP

Change

Addition

95 TITLE
96 NAME
97 STREET ADDRESS
98 CITY-ST-ZIP

Change

Addition

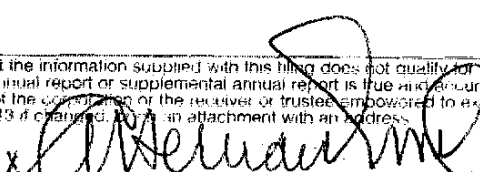
99 TITLE
100 NAME
101 STREET ADDRESS
102 CITY-ST-ZIP

Change

Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Attach an attachment with an address.

SIGNATURE:



2-23-98

CR2E034 (10/97)