

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 # 557165 (8)

1. Corporation Name
LOPEZ-TORRES AND ALALU, M.D., P.A.



Principal Place of Business: **2623 S SEACREST BLVD #212 BOYNTON BCH FL 33435**
Mailing Address: **2623 S SEACREST BLVD #212 BOYNTON BCH FL 33435**

3. Date Incorporated or Qualified: **01/11/1978**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-1795091**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**LOPEZ-TORRES, AUGUSTO
2623 S SEACREST BLVD
STE 212
BOYNTON BCH FL 33435**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature typed or printed name of registered agent and agent applicant. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD <input type="checkbox"/> DELETE	NAME: ALALU, JAIME	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 2623 S SEACREST BLVD 212	CITY-ST-ZIP: DELRAY BCH, FL 00000	1.2 NAME	
TITLE: PD <input type="checkbox"/> DELETE	NAME: LOPEZ-TORRES, AUGUSTO	1.3 STREET ADDRESS	
STREET ADDRESS: 2623 S SEACREST BLVD 212	CITY-ST-ZIP: DELRAY BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	2.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	3.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME	
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STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	5.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME: _____	6.3 STREET ADDRESS	
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP	

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 just one block, if an address.

SIGNATURE: *[Signature]* DATE: **2/11/96** (407) 272-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)