

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

APPROVED
AND
FILED

96 JAN 23 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565421 (5)

1. Corporation Name

A.L. TORRE, M.D., P.A.

Principal Place of Business

1106 PONCE DE LEON BOULEVARD
CORAL GABLES FLORIDA 33134

Mailing Address

1106 PONCE DE LEON BOULEVARD
CORAL GABLES FLORIDA 33134

3. Date Incorporated or Qualified

01/18/1978

3a. Date of Last Report

03/10/1995

4. FEI Number

59-1797663

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRE, AGUSTIN L., DR.
1106 PONCE DE LEON BLVD
CORAL GABLES FL 33134

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 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

P
NAME: TORRE, AGUSTIN L.
STREET ADDRESS: 1106 PONCE DE LEON
CITY-STATE-ZIP: CORAL GABLES FL

12.2 TITLE ☐ DELETE

S
NAME: TORRE, LILLIAN
STREET ADDRESS: 1106 PONCE DE LEON
CITY-STATE-ZIP: CORAL GABLES FL

12.3 TITLE ☐ DELETE

T
NAME: GONZALEZ, DELIA
STREET ADDRESS: 1106 PONCE DE LEON
CITY-STATE-ZIP: CORAL GABLES FL

12.4 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12.5 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12.6 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12.7 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

13.2 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

13.3 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

13.4 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

13.6 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-STATE-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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)