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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

573718

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**DOCUMENT #** 

WILFREDO AQUI, M.D., P.A.

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Suite, Apt. #, etc.  27  City & State  City & State  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  5. Certificate of Status Desired  Fee Required  Fee Required  \$5.00 May Be Added to Fees  Added to Fees  Suite, Apt. #, etc.  Fee Required  Fee Required  Status Desired  Fee Required  Fee Re	Principal Place	of Business	Ma	ailing Address									
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Sulfo, Apt. #. etc.    2	2 Principal Pla	ice of Business	2a.	Mailing Address								Applied For	
Suite, Apr. #, etc.   2   2   2   2   2   2   2   2   2	2. Principal Place of Business			<del>-</del>					<b>59-1818937</b> Not Applicable				
City & State    Country   27p	Suite, Apt. #, etc.			Suite, Apt. #, etc.					I 5 Controlle of Status Desired I I				
Added to Fees   Added to Fee	22 Chu & Ctoto		27	City & State					6. Election Campaign Financing		\$5.0	May Be	
Zp1			28	<del>-</del> 1 '					1 7 7 7				
10		Country		Zip Country				8. This corporation has liability for intangible tax under s 199.032,					
9. Name and Address of Current Registered Agent  AOUI, WILFREDO, M.D. NEWSON DRIVE, NEWSON ESTATES WILLISTON FL 32836  14. City  FL 65 Zip Code  15. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was submitted by the corporation submits the statement for the purpose of changing its registered agent. I am familiar with and accorption deplaces of Sections 907.0508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent. I am familiar with and accorption deplaces of Section 907.0508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent. I am familiar with and accorption deplaces of Section 907.0508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent. I am familiar with an accorption of the purpose of agent. I am familiar with an accorption of the purpose of agent. I am familiar with an accorption of the purpose of deplaces agent. I am familiar with an accorption of the purpose of agent. I am familiar with a purpose of agent. I am familiar with a purpose of agent in the purpose of agent. I am familiar with a purpose of agent. I am familiar with a purpose of agent in the purpose of agent in the purpose of agent. I am familiar with a purpose of agent in the purpose of agent in the purpose of agent. I am familiar with a purpose of agent in the purpose of	24		29	· —					Florida Statutes				
AOUI, WILFREDO, M.D. NEWSON DRIVE, NEWSON ESTATES WILLISTON FL. 32896  82 Street Address [P.O. Box Number is Not Acceptable]  83 Street Address [P.O. Box Number is Not Acceptable]  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0508, Floods Statutes, the above named corporation submits this platement for the purpose of changing its registered agent, or both in the State of Florids. Such change was submixed by the corporation's board of directors, I hereby accept the appointment as registered agent. I am femaliar with, and acceptant or obligations of symbol acceptable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. INTEL  ADUI, WILFREDO, M.D.  NEWSOM DRIVE, NEWSOM ESTS  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  14. City 51-2P  10. DELETE  3. THE  ADUI, WILFREDO, M.D.  NEWSOM DRIVE, NEWSOM ESTS  13. STREET ADDRESS  13. STREET ADDRESS  13. STREET ADDRESS  14. City 51-2P  10. DELETE  3. THE  ADUIT TO DELETE  3. THE  ADDRESS  2. CITY 51-2P  10. Change  Addition  Addition  ADDRESS  3. STREET ADDRESS  5. CITY 51-2P  10. Change  Addition  Change  Addition  Addition  Addition  ADDRESS  5. STREET ADDRESS  6. S			ent Regis	tered Agent					10. Name and Address of New R	egistered A	.gent		
NEWSON DRIVE, NEWSON ESTATES WILLISTON FL 32996  83  64 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 807.0502 and 607.1508. Florida Statutas, the above-named corporation's board of directors. I hereby accept the appointment as registered difficult familiar with and aborguly the obligations of 5-priced Statutas. The completed appoint of the obligations of 5-priced Statutas. The obligation of 5-priced Statutas.  SIGNATURE  12. OFFICERS AND DIFFECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS  14. In Title  PO						81	N	ante				ŀ	
WILLISTON FL 32696  ### City Pressure to Pro provisions of Sections 697.0502 and 697.1508. Findide Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a registered agent. I am							S	treet Addre	ss (P.O. Box Number is Not Acceptab	le)			
### City   FL   85   Zip Code    11. Pursuant to the provisions of Septions 607,0502 and 607,1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida Submit double or registered agent, or both, in this State of Florida Submit double or registered agent, and service in shallow of Signature Signature or in shallow of Signature Signature or installation of Signature Signature or installation of Signature Signature or installation of Signature			•			83	-						
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12	or register familiar wit	ed agent, or both, in the State of Fig	orida. Such	n change was authorize ,0505, Florida Statutes.	ed by the	e corp	orai	noris Doard	g bi directors. Thereby accept the app	pose of char pintment as i )4-30	nging fis registere	registered office agent. I am	
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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.

WILFREDO C. AOWHOOU. 3096 352 48 1846