

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Kathleen B. Martinson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **581124** (5)

1. Corporation Name
JUAN M. SORONDO, M.D., P.A.



Principal Place of Business: **2601 SW 37TH AVE #801 MIAMI FL 33133**
Mailing Address: **2601 SW 37TH AVE #801 MIAMI FL 33133**

2. Principal Place of Business: 21 State Apt. # etc., 22 City & State, 23 Zip, 24 Country, 25
2a. Mailing Address: 26 State Apt. # etc., 27 City & State, 28 Zip, 29 Country, 30

3. Date of Incorporation or Qualification: **08/01/1978**
3a. Date of Last Report: **03/06/1995**
4. FEI Number: **59-1836902** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Elect to file in foreign currency: **\$5.00 May Be Added to Fees**
8. This corporation is liable for intangible tax under s. 199.012? Yes No

9. Name and Address of Current Registered Agent
**CHABROW, PENN B ESQ
777 BRICKELL AVE
C/O WAMPLER, BUCHANAN, BREEN
MIAMI FL 33134**

10. Name and Address of New Registered Agent
81 Name, 82 Street Address (P.O. Box Number is Not Accepted), 83, 84 City, 85 FL Zip Code

11. This report is the property of the Secretary of State and Florida Statutes. The above information is provided to the State and for the purpose of changing its registered office or registered agent or both in the State of Florida. Any change was authorized by the corporation's Board of Directors. The corporation hereby accepts the appointment as registered agent. This form is valid only as long as the designated agent continues to be available.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

NAME	PD SORONDO, JUAN M.	<input type="checkbox"/> DELET
STREET ADDRESS	2601 SW 37TH AVE 801	
CITY & STATE	MIAMI FL	
ZIP	ST	<input type="checkbox"/> DELET
NAME	SORONDO, ALICIA D.	
STREET ADDRESS	2601 SW 37TH AVE 801	
CITY & STATE	MIAMI FL	
ZIP		<input type="checkbox"/> DELET
NAME		
STREET ADDRESS		
CITY & STATE		<input type="checkbox"/> DELET
ZIP		
NAME		
STREET ADDRESS		
CITY & STATE		<input type="checkbox"/> DELET
ZIP		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		
NAME		
STREET ADDRESS		
CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		
NAME		
STREET ADDRESS		
CITY & STATE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		

14. I do hereby certify that the information supplied on this report is true and correct to the best of my knowledge and belief. I understand that this report is subject to audit and that any false and misleading information provided on this report may be cause for the revocation of the corporation's charter and for the suspension of the corporation's right to do business in the State of Florida. I understand that this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *Juan M. Sorondo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Juan M. Sorondo MD

4-12-96 305-442-1789

CR2E034 (12/95)