

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 582876

(9)

95 MAY -1 AM 8:27

To: Corporation Name

A.P. SOTOMAYOR, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

365 OLIVER ST.
P.O. BOX 608
BALDWIN FL 32234

Mailing Address

365 OLIVER ST.
P.O. BOX 608
BALDWIN FL 32234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1978

3a. Date of Last Report

04/27/1994

4. FEI Number

59-1858826

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 § 190.031,
Florida Statutes



Yes



No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOTOMAYOR, ADORACION P.
365 W. OLIVER ST.
BALDWIN FL 32234

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0301 and 607.1526, 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 the provisions of Section 607.0301 of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

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32. NAME

33. NAME

34. NAME

35. NAME

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

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33. NAME

34. NAME

35. NAME

SIGNATURE:

A.P. Sotomayor M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95

904-766-9223