FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 583679 LAZARO A. HERNANDEZ, M.D., P.A.

(6)

Mailing Address

FILED Mar 28 1997 8:00am Secretary of State



2309 W. MARTIN LUTHER KING JR. BOULEVARD SUITE 1 TAMPA FL 33607 US		2309 W. MARTIN LUTHE KING JR. BOULEVARD SUITE 1 TAMPA FL 33607 US			3. Date Incorporated or Qualified 09/01/1978	3a. Date of Last Report 05/01/1996				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied f	or
21		26				59-1840320			Not Appl	icable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Addition Required	
City & Stat	te	City & State				Election Campaign Financing Trust Fund Contribution			00 May 8 led to Fees	
Zip 24	Country 25	7φ 29	30 Co.	untry		This corporation has liability for Florida Statutes	intangible t Yes		er s. 199.0	32,
	9. Name and Address of Curre	nt Registered Agent			.,	10. Name and Address of New Re	gistered A	gent		
	nandez, lazaro a.			81	Name					
2309 SUIT	9 W. Martin Luther King, Jr. Te 1	BOULEVARD		82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)			
TAM	PA, FL 33607			83						
				84	City			85	Zip Code	
					·	poration submits this statement for the p	FL	Ш.	- 14 - 14	
office or agent. I a	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida Such change w yations of, Section 607.0505	vas authorize 5. Florida Sta	d by tutes	the corporal	tion's board of directors. I hereby acce	pt the appo	intmen	t as registe	ered
	Signature, typed or printed name of registered ag			d Age	ni signature requi	red when reinstating)	DATÉ	Dines	7000 111 7	
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	T. F		ADDITIONS/CHANGES TO OFFIC		DIREC Chan		ddition
TITLE NAME	HERNANDEZ, LAZARO A.		1.1 h		1		,	0161	iñe [""] y	MUNION
STREET AUDRESS	2309 W. MARTIN LUTHER KIN	G JR., BOULEVARD		_	ADDRESS					
CITY - ST - ZIP	TAMPA FL		1	ITY-S						
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DELETE						Chan	ge 🔲 A	ddition
NAME			2.2 N	AME	1			,		
STREET ADDRESS			2.3 \$	TREET	address					
CHY-SI-Z#				CITY-S	ST-ZIP					
TITLE		☐ DELETE	3.1 T	ITLE				Char	nge L.j A	Addition
NAME			32 N		- 1					
STREET ADDRESS					ADDRESS					
CITY-S1-7P HILE		DELETE			ST-ZIP			Chan	ine II i	ddition
NAME		- Detrie	- 1	VAME		•			ישע ביי	ווטווירטו
STREET ACCRESS					ADDRESS					
CITY - ST - ZIP				ITY-S	1					}
TITLE		DELETE			-			Char	ge 🔲 A	ddition
NAM:			5.2 N	AME						
STREET ADORESS			5.3 S	TAEET	ADDRESS					
CITY - S1 - ZIP			5.4 C	ITY-S	T-ZIP					
TITLE		DELETE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Char	nge 🔲 A	Id dition
NAME			6.2 N	AME		-				
STREET ADDRESS			63 S	TREET	ADORESS					[

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 grianged, or on an attachment with an address.

SIGNATURE: