

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

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**MAY - 1 PM 2:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 590051 (9)**

**1. Corporation Name  
ALBERTO E. ANGULO, M.D., P.A.**

**Principal Place of Business Mailing Address  
1500 E. HILLSBORO BLVD. SUITE 210 DEERFIELD BEACH FL 33441  
1500 E. HILLSBORO BLVD. SUITE 210 DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE

<b>3. Date Incorporated or Qualified</b> 10/02/1978	<b>3a. Date of Last Report</b> 05/01/1994
<b>4. FEI Number</b> 59-1849903	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under Chapter 208, Florida Statutes.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21. State App # etc.</b>	<b>26. State App # etc.</b>
<b>22. City &amp; State</b>	<b>27. City &amp; State</b>
<b>24. ZIP</b>	<b>30. ZIP</b>

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>ANGULO, ALBERTO E 1500 E. HILLSBORO BLVD., SUITE 210 DEERFIELD BCH FL 33441</b>	<b>B1. Name</b>
	<b>B2. Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>B3.</b>
	<b>B4. City</b> <b>FL</b> <b>B5. Zip Code</b>

**11. Pursuant to the provisions of Sections 607.02(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office of 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 hereby withdrawing my resignation of Section 607.02(2), Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ **OFFICERS AND DIRECTORS** \_\_\_\_\_ **ADDITIONS CHANGE 5 TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE 5 TO OFFICERS AND DIRECTORS IN 12	
<b>12.1</b>	<b>PD ANGULO, ALBERTO E 1500 E HILLSBORO BLVD DEERFIELD BEACH FL 33441</b>	<b>13.1</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.2</b>		<b>13.2</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.3</b>		<b>13.3</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.4</b>		<b>13.4</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.5</b>		<b>13.5</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.6</b>		<b>13.6</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.7</b>		<b>13.7</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12.8</b>		<b>13.8</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(2)(b), Florida Statutes. I further certify that the information is correct for this annual report. A 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 recipient of written empowerment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13, as required, or in an attachment with an address.**

**SIGNATURE:** *Alberto E. Angulo* **ALBERTO E. ANGULO** **4-27-95** **305 428 2480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR