

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 592205 (9)

1. Corporation Name CONSTANTINO E. PENA, M.D., P.A.



Principal Place of Business: 201 CRANDON BLVD #174 KEY BISCAYNE FL 33149

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3. Date Incorporated or Qualified: 11/01/1978
3a. Date of Last Report: 03/10/1995
4. FEI Number: 59-1853357
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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
PENA, CONSTANTINO E.
3663 S. MIAMI AVENUE
MIAMI FL 33133

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

11. Pursuant to the provisions of Sections 199.07(3)(b) and 607.15(3), 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. Thereby accept the appointment as registered agent. I am hereby withdrawing and accepting the duties and obligations of said agent under Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS:
Name: PD PENNA, CONSTANTINO E.
Address: 3663 SOUTH MIAMI AVE MIAMI FL
Title: [] OFFICER [] DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96:
1. TITLE: [] Change [] Addition
2. NAME:
3. STREET ADDRESS:
4. CITY, STATE, ZIP: [] Change [] Addition
5. TITLE: [] Change [] Addition
6. NAME:
7. STREET ADDRESS:
8. CITY, STATE, ZIP: [] Change [] Addition
9. TITLE: [] Change [] Addition
10. NAME:
11. STREET ADDRESS:
12. CITY, STATE, ZIP: [] Change [] Addition
13. TITLE: [] Change [] Addition
14. NAME:
15. STREET ADDRESS:
16. CITY, STATE, ZIP: [] Change [] Addition

14. I, the undersigned, certify that the information supplied hereon is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 authorized trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, whichever is applicable, with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

CR2E034 (12/95)