FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 10 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 592838 (7)

1. Corporation Name

SANCHEZ, FERNANDEZ-ROCHA & POU, M.D., P.A.

Principal Place of Business: 3659 S. MIAMI AVE, MIAMI FL 33133

Mailing Address: 3659 S. MIAMI AVE, MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1979
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1861363 [ ] 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 S. 199.032 Florida Statutes [✓] Yes [ ] No

2. Principal Office Address (21–25): Suite, Apt. # etc.; City & State; Zip; Country
2a. Mailing Address (26–30): Suite, Apt. # etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

SANCHEZ, RAFAEL A.
3659 S. MIAMI AVE
MIAMI, FL MH 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 607.0502, and 617.0502, 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE X [signature] RAFAEL A SANCHEZ 5/4/95

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FERNANDEZ-ROCHA, LUIS
STREET ADDRESS	3659 S. MIAMI AVE.
CITY ST ZIP	MIAMI FL
TITLE	SD
NAME	POU, CELIO
STREET ADDRESS	3659 S. MIAMI AVE.
CITY ST ZIP	MIAMI FL
TITLE	TD
NAME	SANCHEZ, RAFAEL
STREET ADDRESS	3659 S. MIAMI AVE.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [ ] Change [ ] Addition (blank)

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 changed, or on an attachment with an address.

SIGNATURE: X [signature] RAFAEL A. SANCHEZ MD 5/4/95 305-856-1461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0136945 CP