

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **01/01/1979**
3a. Date of Last Report: **05/10/1995**
4. FLI 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 Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.030, Florida Statutes.

SIGNATURE: *Rafael Sanchez*

DATE: **02-01-96**

12. OFFICERS AND DIRECTORS

12.1 NAME: PD FERNANDEZ-ROCHA, LUIS	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS: 3659 S. MIAMI AVE.	
12.3 CITY-STATE-ZIP: MIAMI FL	
12.4 TITLE: SD	<input type="checkbox"/> DELETE
12.5 NAME: POU, CELIO	
12.6 STREET ADDRESS: 3659 S. MIAMI AVE.	
12.7 CITY-STATE-ZIP: MIAMI FL	
12.8 TITLE: TD	<input type="checkbox"/> DELETE
12.9 NAME: SANCHEZ, RAFAEL	
12.10 STREET ADDRESS: 3659 S. MIAMI AVE.	
12.11 CITY-STATE-ZIP: MIAMI FL	
12.12 TITLE:	<input type="checkbox"/> DELETE
12.13 NAME:	
12.14 STREET ADDRESS:	
12.15 CITY-STATE-ZIP:	
12.16 TITLE:	<input type="checkbox"/> DELETE
12.17 NAME:	
12.18 STREET ADDRESS:	
12.19 CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY-STATE-ZIP:	
13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY-STATE-ZIP:	
13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY-STATE-ZIP:	
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attached page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael Sanchez

DATE: **02-01-96**

CR2E034 (12/95)