

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

1995 MAR 17 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

DOCUMENT # 601024 (3)
1. Corporation Name
JULIO SANGUILY, JR., M.D., P.A.

Principal Place of Business Mailing Address
506 S. FEDERAL HWY SUITE 101 STUART FL 34994 US
PO BOX 328 STUART SUITE 101 STUART FL 34995 US

3. Date Incorporated or Qualified 05/22/1969 3a. Date of Last Report 04/11/1994
4. FEI Number 59-1263294 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
6 SANGUILY, JULIO JR
506 S. FEDERAL HWY SUITE 101
STUART FL 34994

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 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	T SANGUILY, JULIO JR President
NAME	SANGUILY, JULIO JR
STREET ADDRESS	506 S. FEDERAL HWY
CITY-ST-ZIP	STUART FL
TITLE	PDS SANGUILY, JULIO JR President
NAME	SANGUILY, JULIO JR
STREET ADDRESS	506 S. FEDERAL HWY
CITY-ST-ZIP	STUART FL
TITLE	MARIO SANGUILY Secretary
NAME	506 S. FEDERAL HWY
STREET ADDRESS	STUART FL 34994
CITY-ST-ZIP	
TITLE	JULIO SANGUILY III Treasurer
NAME	506 S FEDERAL HWY
STREET ADDRESS	STUART FL 34994
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	20A
6.3 STREET ADDRESS	3-17
6.4 CITY-ST-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 110.07(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 in an attachment with an address.

SIGNATURE: _____ Date: 11/31/95
Signature and Title on Primary Form of Signing Officer or Director Date: 407 286 5007 (Typed Name)