

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 # 601024 (3)

1. Corporation Name
JULIO SANGUILY, JR., M.D., P.A.



Principal Place of Business
**506 S. FEDERAL HWY
SUITE 101
STUART FL 34994
US**

Mailing Address
**PO BOX 328 STUART
SUITE 101
STUART FL 34995
US**

3. Date Incorporated or Qualified **05/22/1969** 3a. Date of Last Report **03/17/1995**

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
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address
26 **P.O. Box 328**
Suite, Apt. #, etc.
27
City & State
28 **STUART, FL**
Zip Country
29 **34995** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANGUILY, JULIO J
506 S. FEDERAL HWY SUITE 101
STUART FL 34994**

81 Name **SANGUILY, JULIO JR.**
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 box if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SANGUILY, JULIO JR	
STREET ADDRESS	506 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SANGUILY, JULIO JR	
STREET ADDRESS	506 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SANGUILY, MARIO	
STREET ADDRESS	506 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SANGUILY, JULIO III	
STREET ADDRESS	506 S. FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" 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		
6.3 STREET ADDRESS		
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 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 attachment with an address.

SIGNATURE: *Julio Sanguilly Jr.* Treasurer 4/27/96 (407) 220-3380
Date Daytime Phone #

CR2E034 (12/95)