

FILE NOW. FILING FEE AFTER MAY 1 IS \$220.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Merham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601627 (3)

1. Corporation Name

PEDRO J. GREER, M.D., & ASSOCIATES, P.A.

Principal Place of Business

1150 NE 14TH STREET
STE 501
MIAMI FL 33136-9177

Mailing Address

1150 NE 14TH STREET
STE 501
MIAMI FL 33136-9177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/30/1993
3a. Date of Last Report 10/20/1994

2. Principal Place of Business

21. 3661 S. Miami Ave.

2a. Mailing Address

25. 3661 S. Miami Ave.

4. FEI Number

59-1274549

Applied For

Not Applicable

Suite, Apt. #, etc.

22. Apt. # 805

Suite, Apt. #, etc.

27. Apt. # 805

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23. Miami, FL

City & State

28. Miami, FL

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Adds to Fees

Zip

24. 33133

Country

25. U.S.

Zip

29. 33133

Country

30. U.S.

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GREER, PEDRO J.
1150 NORTHWEST 14TH STREET
MIAMI FL 33136

10. Name and Address of New Registered Agent

81. Name Pedro J. Greer
82. Street Address (P.O. Box Number is Not Acceptable) 3661 S. Miami Ave., Apt. #805
83.
84. City Miami FL 85. Zip Code 33133

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 renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GREER, PEDRO J
STREET ADDRESS	1150 N. W. 14TH ST
CITY - ST - ZIP	MIAMI FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3661 S. Miami Ave., Apt. #805
1.4 CITY - ST - ZIP	Miami, FL 33133
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	
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 110.07(3)(b), 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:

Pedro J. Greer MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO J. GREER, M.D.

3-13-95 P# 67333

Date (Month/Day/Year) System (Year 4)