

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **603111** (6)

1. Corporation Name

JUAN R. BOLET, M.D., P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3661 S. MIAMI AVE., SUITE 1000 MIAMI FL 33133**
Mailing Address: **3661 S. MIAMI AVE., SUITE 1000 MIAMI FL 33133**

3. Date Incorporated or Qualified: **09/28/1971** 3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business: 2a. Mailing Address: 4. FEI Number: **59-1359909** Applied For: Not Applicable:

22. State Apt # etc.: 27. State Apt # etc.: 5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: 28. City & State: 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 25. Country: 29. Zip: 30. Country: 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BOLET, JUAN R., M.D., P.A. 3661 S. MIAMI AVE., SUITE 1000 MIAMI FL 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 607.0542 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: *X* (Signature of Registered Agent) (Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	NAME: BOLET, JUAN R., M.D.	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3661 S. MIAMI AVENUE	CITY, ST, ZIP: MIAMI FL	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD	NAME: BOLET, JUAN R., M.D.	3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3661 S. MIAMI AVENUE	CITY, ST, ZIP: MIAMI FL	4. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE:	NAME:	7. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE:	NAME:	11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	12. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	14. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	15. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	16. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or in an attachment with an addition.

SIGNATURE: *X* *Juan R. Bolet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR OFFICER OR DIRECTOR