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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 603111 (6)
1. Corporation Name
JUAN R. BOLET, M.D., P.A.



Principal Place of Business
3661 S. MIMAI AVE., SUITE 1003
MIAMI FL 33133

Mailing Address
3661 S. MIMAI AVE., SUITE 1003
MIAMI FL 33133-4219

3. Date Incorporated or Qualified: 09/28/1971
3a. Date of Last Report: 04/18/1996
4. FEI Number: 59-1359909
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
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
BOLET, JUAN R., M.D., P.A.
3661 S. MIAMI AVE., SUITE 1003
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
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 607.0505, Florida Statutes.

SIGNATURE: *Juan R. Bolet* (NOTE: Registered Agent signature required when reinstating) DATE: 1-31-97

12. OFFICERS AND DIRECTORS
TITLE: PST
NAME: BOLET, JUAN R., M.D.
STREET ADDRESS: 3661 S. MIAMI AVENUE
CITY-ST-ZIP: MIAMI FL
 DELETE

TITLE: VPD
NAME: BOLET, JUAN R., M.D.
STREET ADDRESS: 3661 S. MIAMI AVENUE
CITY-ST-ZIP: MIAMI FL
 DELETE

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Juan R. Bolet* DATE: 1-31-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)