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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State

	1996	Go WE 183	DIVISION C	PE CORPORATIONS		
DOCU 1. Corporatio	MENT # 6	03492	(0)			
RAF/	AEL F. RIVAS M.D.,	P.A.			,	
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Principal Place	of Business		Mailing Address	··		
4051 E 8T	H AVE		4051 E 8TH AVE			
HIALEAH I	FL 33013		HIALEAH FL 33013			
					3. Date Incorporated or Qualified 04/21/1972	3a. Date of Last Report 05/01/1995
	ace of Business	<b>+</b>	a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.	<del></del>	59-1391229	Not Applicable
2		27	Joine, Apr. #, Bic.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)		City & State		6. Election Campaign Financing	\$5.00 May Bo
Zip	Country	28	Zip	Country	Trust Fund Contribution	Added to Fees
:4	25	29	]	30	8. This corporation has liability for in Florida Statutes Yes	intang ble tax under s 199,032,
	9. Name and Address	of Current Regi	stered Agent		10. Name and Address of New R	
RIVAS	RAFAEL M.D.			81 Name		
	8TH AVENUE SUITE	1		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
HIALEA				83		
33013				<u></u>		
33013				1841 City		
	o the provisions of Sections	: 607 0500 pad er	7 1500 Flores Oct 4	84 City		FL 85 Zip Code
	o the provisions of Sections ed agent, or both, in the Sta	s 607.0502 and 60 ate of Florida, Suc	07.1508, Florida Statut h change was authoriz	1 1 - 7	oration submits this statement for the pur and of directors. I hereby accept the appo	
11. Pursuant to or registere familiar wit				1 1 - 7	oration submits this statement for the purp and of directors. I hereby accept the appo	
11. Pursuant to or registere familiar wit S/GNATURE	Signature, typed or pricted name of re-	gistered agent and time if	applicable (NC	es, the above-named corporated by the corporation's books.	nd wher recealing)	pose of changing its registered office intraent as registered agent. I am
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