

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:40

DOCUMENT # **603509** (1)

1. Corporation Name  
**YEH AND QUESADA, M.D.S, P.A.**

Principal Place of Business Mailing Address  
**315 PALERMO AVENUE 315 PALERMO AVENUE**  
**CORAL GABLES FL 33134 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

|                                |  |                      |  |  |                         |
|--------------------------------|--|----------------------|--|--|-------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address  |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report |
| 21                             |  | 26                   |  | 05/08/1972   | 04/25/1994              |
| 22 Suite, Apt #, etc           |  | 27 Suite, Apt #, etc |  | 4. FEI Number  | Applied For             |
| 23 City & State                |  | 28 City & State      |  | 59-1431699   | Not Applicable          |
| 24 Zip                         |  | 29 Zip               |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |                         |
| 25 Country                     |  | 30 Country           |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |                         |
|                                |  |                      |  | 7. This corporation has liability for international under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent              |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| YEH, BILLY K.<br>315 PALERMO AVENUE<br>CORAL GABLES FL 33134 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------|---|---|
| TITLE                      | PD                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | YEH, BILLY K.      | 1.2 NAME  |   |
| STREET ADDRESS             | 315 PALERMO AVENUE | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | CORAL GABLES FL    | 1.4 CITY ST ZIP                                       |   |
| TITLE                      | VSD                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUESADA, RAMON     | 2.2 NAME  |   |
| STREET ADDRESS             | 315 PALERMO AVENUE | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | CORAL GABLES FL    | 2.4 CITY ST ZIP                                       |   |
| TITLE                      |                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 3.2 NAME  |   |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                    | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 4.2 NAME  |   |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                    | 4.4 CITY ST ZIP                                       |   |
| TITLE                      |                    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 5.2 NAME  |   |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                    | 5.4 CITY ST ZIP                                       |   |
| TITLE                      |                    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 6.2 NAME  |   |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                    | 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(4)(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 responsible to execute the 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: 6-5-95 (305) 445-3739  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Type Name)

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 JUN 13 11 03:30

CORPORATION  
 ANNUAL REPORT  
 1995



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

DOCUMENT # **604029** (9)  
 1. Corporation Name  
**FISHER AND MATTHEWS, P.A.**

Principal Place of Business Mailing Address  
**813 DOUGLAS AVENUE** **813 DOUGLAS AVENUE**  
**ALTAMONTE SPRINGS FL 32714** **ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE.

|                                |                     |                     |                     |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>12/29/1972</b>   | 3a. Date of Last Report<br><b>06/13/1994</b> |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-1479625</b>   | Applied For<br>Not Applicable                |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 24                             | Country             | 29                  | Country             | 6. This corporation has liability for intangible tax under S. 195.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |  |  |           |    |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent |  |           |    |
| <b>FISHER, JAMES C.</b><br><b>206 ADALAIDE STREET</b><br><b>ALTAMONTE SPRINGS FL 32701</b> |  |  |  | B1   | Name   |           |    |
|  |  |  |  | B2   | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|  |  |  |  | B3   |  |           |    |
|  |  |  |  | B4   | City   | <b>FL</b> | B5 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and filer if applicable) NOTE: Registered Agent signature required when nominating

| 12. OFFICERS AND DIRECTORS |                                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------------|---|---|
| TITLE                      | <b>PD</b>                        | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FISHER, JAMES C</b>           | 1.2 NAME  |   |
| STREET ADDRESS             | <b>206 ADALAIDE ST</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>ALTAMONTE SPRGS, FL 00000</b> | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>V</b>                         | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MATTHEWS, JAMES M</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>690 DOMMERICH DR</b>          | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MAITLAND, FL 00000</b>        | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 3.2 NAME  |   |
| STREET ADDRESS             |                                  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                  | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 4.2 NAME  |   |
| STREET ADDRESS             |                                  | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                  | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 5.2 NAME  |   |
| STREET ADDRESS             |                                  | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                  | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                  | 6.2 NAME  |   |
| STREET ADDRESS             |                                  | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                  | 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: \_\_\_\_\_ DATE: **6/12/95** (407) 682-2727  
Signature (typed or printed name of signing officer or director)