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**Mar 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 604030 (7)

1. Corporation Name
ORESTES FERNANDEZ M.D., P.A.



Principal Place of Business Mailing Address
351 NW LE JEUNE RD., SUITE 203 MIAMI FL 33126
351 NW LE JEUNE RD., SUITE 203 MIAMI FL 33126-5670

3. Date Incorporated or Qualified **12/27/1972** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **1500 SW 27 Ave** 26 **P.O. BOX 55-8848**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-1438059** Applied For
Not Applicable

22. City & State 27. City & State
MIAMI, FL **MIAMI, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip 25. Country 29. Zip 30. Country
33145 DADE 23255 DADE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, ORESTES, M.D.
351 NW LE JEUNE RD
SUITE 203
MIAMI FL 33126

81 Name **FERNANDEZ, ORESTES M.D.**
82 Street Address (P.O. Box Number is Not Acceptable) **1500 SW 27 Ave**
83
84 City **Miami** FL 85 Zip Code **33145**

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 607.035, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **1-29-97**

12. OFFICERS AND DIRECTORS

TITLE	PT <input type="checkbox"/> DELETE
NAME	FERNANDEZ, ORESTES
STREET ADDRESS	351 NW LE JEUNE RD #203
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FERNANDEZ, ORESTES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.O. BOX 55-8848
1.3 STREET ADDRESS	MIAMI, FL 33295 N/A
1.4 CITY-ST-ZIP	
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 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: *[Signature]* (SIGNATOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **1-29-97** (305) 858-0087

CR2E034 (9/96)