

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra L. Martham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **604033** (1)
 1. Corporation Name
RICHARD J. VILLAVERDE M.D., P.A.



Principal Place of Business Mailing Address
11880 SW 40TH ST SUITE 101 MIAMI FL 33175 US *NA*
11880 SW 40TH ST SUITE 101 MIAMI FL 33175 US *NA*

2. Principal Place of Business 2a. Mailing Address
 21 **P.O. Box 831316** 26 **P.O. Box 831316**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 **Miami, Florida** 28 **Miami Florida**
 Zip Country Zip Country
 24 **33283** 25 **USA** 29 **33283** 30 **US**

3. Date Incorporated or Qualified **12/28/1972** 3a. Date of Last Report **04/18/1995**
 4. FEI Number **59-1427265** 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**
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SACHER, CHARLES
2655 LEJEUNE RD, #1101 GABLES INT PLAZA
MIAMI FL 33134

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 607.0502 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 or director (Applicable) (If the Registered Agent signature is required when terminating)

12. OFFICERS AND DIRECTORS
 TITLE DELETE
 NAME **PD VILLAVERDE, RICHARD J.**
 STREET ADDRESS **6840 SW 40 ST #211**
 CITY-ST-ZIP **MIAMI FL** *U.A.*
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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 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 **P.O. Box 831316**
 1.4 CITY-ST-ZIP **MIAMI, FL. 33283**
 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

Note: Solo Director. Retired Surgeon. NO OFFICE ADDRESS P.O. BOX For MAILING Purposes D.A. Miley 200.00 Dup by hand 4/28/96

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 190.07(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 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, with an attachment with an address.

SIGNATURE: _____ DATE: **4-16-96** (305) 270-2330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)