

**\* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 28 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sahdra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 604033 (1)**

1. Corporation Name  
**RICHARD J. VILLAVERDE M.D., P.A.**



Principal Place of Business <b>P O BOX 831316 MIAMI FL 33175 US</b>	Mailing Address <b>P O BOX 831316 MIAMI FL 33175 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified <b>12/28/1972</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>59-1427265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SACHER, CHARLES**  
**2855 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<b>PD VILLAVERDE, RICHARD J.</b>	<b>P O BOX 831316</b>	<b>MIAMI FL 33175</b>	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Richard J. Villaverde</b>	<b>9950 S.W. 40 ST</b>	<b>MIAMI FL 33165</b>	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>400002281394--9</b>	<b>-08/29/97--01095--007</b>	<b>****165.00 ****165.00</b>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 omitted, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)

20fz

RICHARD J. VILLAVERDE, M.D., P.A.

DIPLOMATE, AMERICAN BOARD OF SURGERY  
FELLOW, AMERICAN COLLEGE OF SURGEONS  
FELLOW, INTERNATIONAL COLLEGE OF SURGEONS  
PERIPHERAL VASCULAR DISEASES

P.O. BOX 831316  
MIAMI, FLORIDA 33283  
TELEPHONE: (305) 270-2330

July 28, 1997

Divisions of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Ref: Document #604033  
FEI # 59-1427265

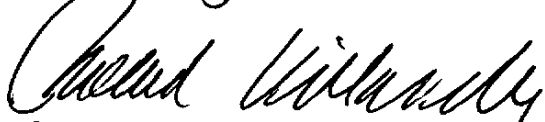
Dear Sirs:

As per our Telephone conversation, enclosed please find check #7379 in the amount of \$165.00 for the 1997 Corporation Annual Report.

This was mailed on February 24, 1997 with check #7349, which apparently was lost.

If you have any further questions, please do not hesitate to call (305) 221-8900.

Sincerely,



Richard J. Villaverde, M.D.