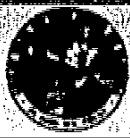


FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 7:59

DOCUMENT # 607745 (7)

1. Corporation Name
CLAUDIO J. DIAZ, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **10101 S.W. 40TH STREET
P.O. BOX 650870
MIAMI FL 33165**

Mailing Address: **10101 S.W. 40TH STREET
P.O. BOX 650870
MIAMI FL 33165**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Quarter 01/24/1979	3a. Date of Last Report 04/08/1994
4. FEI Number 59-1699259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Subst. Apt # etc.	22. Mailing Address Subst. Apt # etc.
23. City & State	24. City & State
25. Country	26. Country

9. Name and Address of Current Registered Agent DIAZ, CLAUDIO J. 10101 SW 40 STREET MIAMI FL 33165	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
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11. Pursuant to the provisions of Sections 607.06(5) and 607.15(3), 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 607.06(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DIAZ, CLAUDIO J. 747 PONCE DE LEON BLVD. CORAL GABLES FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY/ST/ZIP		4. CITY/ST/ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY/ST/ZIP		8. CITY/ST/ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY/ST/ZIP		12. CITY/ST/ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY/ST/ZIP		16. CITY/ST/ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY/ST/ZIP		20. 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 199.03(2)(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 of this report.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (365) 557-7468