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PROFIT CORPORATION ANNUAL REPORT



SIGNATURE: EMILIO F. SOLERNOU, MD, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

1996

DOCUMENT # 614456

1. Corporation Name

(2)

EMILIO F. SOLERNOU, M.D., P.A.								
Principal Place of Business 5200 SW 8 ST SUITE 207-B CORAL GABLES FL 33134		Mailing Address 5200 SW 8 ST SUITE 207-B					 	518 11 510 11 5 01 3
		CORAL GABLES FL 33	3134		3. Date Incorporated or Qualified 04/05/1979	3a. Date of Last Report 05/24/1995		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	1	' 	Applied For
21		26			59-1037801			Not Applicable
Suite, Apt #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Z(ρ 24	Country 25	Z _I p 29	30 Gour	ntry	This corporation has liability for Florida Statutes	intangible ta	x under s	199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	Registered /	Agent	
			Ţ	81 Name				
5200 SW	OU, EMILIO F ' 8 ST., SUITE 207-B		<u>L. J</u>		ress (P.O. Box Number is Not Acceptat	ole)		
CORAL (BABLES FL			83				
			<u> </u>	84 City			85 Zij	p Code
44		00			ration submits this statement for the pur	<u>FL</u>	ـــاـــاــــــــــــــــــــــــــــــ	
familiar wit	n, and accept the obligations of, Sec	ction 607.0505. Florida Stat@e:	Ś.		and of directors. Thereby accept the app		_	agona ram
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