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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 622756 (5)

1. Corporation Name
MANUEL DIEZ-LOPEZ, M.D., P.A.



Principal Place of Business

1109 E LAS OLAS BLVD
FT LAUDERDALE FL 33301

Mailing Address

1109 E LAS OLAS BLVD
FT LAUDERDALE FL 33301

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25 9. Name and Address of Current Registered Agent

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

DIEZ-LOPEZ, MANUEL JOSE
1109 E LOS OLAS BLVD
FT LAUDERDALE FL

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(4), 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 aware of the provisions of Sections 607.01(2) and 607.15(4), Florida Statutes.

SIGNATURE

Manuel Diez Lopez

1-31-96

12. OFFICERS AND DIRECTORS

1 NAME TITLE [] DELETE

PD
DIEZ-LOPEZ, MANUEL JOSE
1109 E. LAS OLAS BLVD.
FT. LAUDERDALE FL

2 NAME TITLE [] DELETE

3 NAME TITLE [] DELETE

4 NAME TITLE [] DELETE

5 NAME TITLE [] DELETE

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19 NAME TITLE [] DELETE

20 NAME TITLE [] DELETE

21 NAME TITLE [] DELETE

22 NAME TITLE [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME TITLE [] Change [] Addition

2 NAME TITLE [] Change [] Addition

3 NAME TITLE [] Change [] Addition

4 NAME TITLE [] Change [] Addition

5 NAME TITLE [] Change [] Addition

6 NAME TITLE [] Change [] Addition

7 NAME TITLE [] Change [] Addition

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22 NAME TITLE [] Change [] Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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, the president 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 or Block 14 of this report. I am aware of the provisions of Sections 607.01(2) and 607.15(4), Florida Statutes.

SIGNATURE: Manuel Diez Lopez MANUEL DIEZ-LOPEZ 1-31-96 305-4624030

CR2E034 (12/95)