

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **634932** (8)

1. Corporation Name  
**JOSE RUIZ, M.D., P.A.**



Principal Place of Business: **1324 VALENTINE ST MELBOURNE FL 32901**  
Mailing Address: **1324 VALENTINE ST MELBOURNE FL 32901**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/04/1979</b>	3a. Date of Last Report <b>01/25/1995</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>59-1940910</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BOYD, JOEL E.**  
~~1800 WEST HIBISCUS BLVD.~~ **100 Rialto Place,**  
~~SUITE 138~~ **Suite 510**  
**MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0602 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

Signature (Type or print name of registered agent and then applicable)

(None) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, JOSE MD	2. NAME	
STREET ADDRESS	1324 VALENTINE ST	3. STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE, FL 00000	4. CITY- ST- ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, JOSE MD	6. NAME	
STREET ADDRESS	1324 VALENTINE ST	7. STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE, FL 00000	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 119.07(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, or on an attachment with an address.

SIGNATURE: *Jose Ruiz* **JOSE W. RUIZ, M.D.** **2/5/95** **(407) 725-9200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)