

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **646446** (5)

1. Corporation Name
ASUNEION M. LUYAO, M.D.,P.A.

Principal Place of Business

Mailing Address

**1873 ELROSE STREET
PORT ST. LUCIE FL 34952**

**1873 ELROSE STREET
PORT ST. LUCIE FL 34952**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/28/1979	3a. Date of Last Report 07/28/1995
21		26		4. FEI Number 59-1954529	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			
	25		30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUYAO, ASUNCION M.
1873 ELROSE STREET
PT. ST. LUCIE FL 33452**

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

Signature, typed or printed name of registered agent and their corporate title

(NOTE: Registered Agent signature required when reinstating)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUYAO, ASUNCION M.		1.2 NAME	
STREET ADDRESS	1873 ELROSE STREET		1.3 STREET ADDRESS	
CITY - ST - ZIP	PT. ST. LUCIE FL		1.4 CITY - ST - ZIP	
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUYAO, ATILANO F.		2.2 NAME	
STREET ADDRESS	1873 ELROSE STREET		2.3 STREET ADDRESS	
CITY - ST - ZIP	PT. ST. LUCIE FL		2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Am Luyao, M.D.

ASUNCION M. LUYAO M.D.

7/20/96 335-8363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature/Phone)

CR2E034 (3/96)