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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 652612 (3)

1. Corporation Name

JUAN SAUER, M.D., P.A.



Principal Place of Business

1802 BELLEVUE AVENUE  
SUITE 102  
ORLANDO FL 32806

Mailing Address

1802 BELLEVUE AVENUE  
SUITE 102  
ORLANDO FL 32806

3. Date Incorporated or Qualified  
01/17/1980

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUER, JUAN, M.D.  
1802 BELLEVUE AVE.  
STE. 102  
ORLANDO FL 32806

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 title if applicable

(If 201E Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

P  
SAUER, JUAN, M.D.  
1802 BELLEVUE AVE. #102  
ORLANDO FL

DELETE

1.2 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1.3 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1.5 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1.6 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

Date

407-841-1971

Daytime Phone #

CR2E034 (12/95)