

**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 # **655360** (6)

1. Corporation Name  
**VICENTE LAGO, M.D., P.A.**



Principal Place of Business: **4950 S.W. 8TH ST., #403 CORAL GABLES FL 33134**  
Mailing Address: **4950 S.W. 8TH ST., #403 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **02/04/1980**  
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business  
21 **1100 SW 57ave**  
Suite, Apt. #, etc.  
22 **Miami, Fla**  
City & State  
23  
Zip **33144** Country **Dade**  
24  
25  
26 **1100 SW 57ave**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Miami, Fla**  
Zip **33144** Country **DADE**  
29  
30

4. FEI Number: **59-1973672**  
Applied For:   
Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**DEL VALLE, IGNACIO G.  
2333 PONCE DE LEON SUITE #650  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAGO, VICENTE MD PA	
STREET ADDRESS	4950 S.W. 8TH ST., #403	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	RD ERROR	<input type="checkbox"/> DELETE
NAME	LAGO, VICENTE MD PA	
STREET ADDRESS	1100 SW 57ave	
CITY-ST-ZIP	Miami, Fla 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	LAGO, VICENTE MD PA		
1.3 STREET ADDRESS	1100 SW 57ave		
1.4 CITY-ST-ZIP	Miami, Fla 33144		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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

*[Handwritten Signature]*

4/12/96 305-26598  
Date Daytime Phone # 85

CR2E034 (12/95)