

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 657633 (4)

1. Corporation Name
HILDA M. LOPEZ, M.D. P.A.



Principal Place of Business 2541 S.W. 27TH AVENUE SUITE 302 MIAMI FL 33133-2163	Mailing Address 2541 S.W. 27TH AVENUE SUITE 302 MIAMI FL 33133-2163
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2. Principal Place of Business 21 3114 Granada Blvd Suite, Apt. #, etc. 22 City & State 23 Coral Gables, FL Zip 24 33134	2a. Mailing Address 26 3114 Granada Blvd Suite, Apt. #, etc. 27 City & State 28 Coral Gables, FL Zip 29 33134	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 02/29/1980	3a. Date of Last Report 07/19/1996
4. FEI Number 59-1980682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LOPEZ, HILDA M., M.D. 2541 S.W. 27TH AVENUE SUITE 302 MIAMI FL 33133-2163	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
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE PD	NAME LOPEZ, HILDA M., M.D.	
STREET ADDRESS 3114 GRANADA BLVD	CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME		
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Hilda M. Lopez, MD** **01/30/97** **305-444-3430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)