

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 2-996 B-938

C

DOCUMENT # 674549

(1)

1. Corporation Name

JOSE M. MUNIZ, M.D., P.A.

Principal Place of Business

3700 WASHINGTON ST., STE. 302
HOLLYWOOD FL 33021

Mailing Address

3700 WASHINGTON ST., STE. 302
HOLLYWOOD FL 33021



3. Date Incorporated or Qualified

06/23/1980

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNIZ, JOSE M.
3700 WASHINGTON ST., STE. 302
HOLLYWOOD FL 33021

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

P
NAME
MUNIZ, JOSE M, MD
STREET ADDRESS
3700 WASHINGTON ST.
CITY- ST- ZIP
HOLLYWOOD FL

1.1 TITLE ☐ Change ☐ Addition

NAME

12 NAME

STREET ADDRESS

13 STREET ADDRESS

CITY- ST- ZIP

14 CITY- ST- ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

22 NAME

CITY- ST- ZIP

23 STREET ADDRESS

TITLE ☐ DELETE

NAME

24 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

32 NAME

CITY- ST- ZIP

33 STREET ADDRESS

TITLE ☐ DELETE

NAME

34 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

42 NAME

CITY- ST- ZIP

43 STREET ADDRESS

TITLE ☐ DELETE

NAME

44 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY- ST- ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

NAME

54 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY- ST- ZIP

63 STREET ADDRESS

TITLE ☐ DELETE

NAME

64 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 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 M. MUNIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96 (305) 963-0930

Date Daytime Phone #

CR2E034 (12/95)