

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 1:29

DOCUMENT # 674868

(5)

1. Corporation Name

ELADIO T. MENORCA, M.D., F.A.C.S., P.A.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**5413 GEORGE ST
NEW PORT RICHEY FL 34652**

Mailing Address

**5413 GEORGE ST
NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/25/1980

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-2013031

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

24

Zip

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**MENORCA, ELADIO T.
5413 GEORGE ST
NEW PORT RICHEY FL 34652**

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 of corporation)

(Signature) (Typed or printed name of registered agent and title of corporation)

(Date)

12. OFFICERS AND DIRECTORS

**PST
MENORCA, ELADIO
5413 GEORGE ST
NEW PORT RICHEY, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP**

☐ 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)(b), 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:

Eladio T. Menorca M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/21/95
Date

8138421930
Filing Number