

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 674892 (5)

1. Corporation Name

FLORIDA HAND CENTER, P.A.

Principal Place of Business

610 JASMINE RD
ALTAMONTE SPGS FL 32701

Mailing Address

610 JASMINE RD
ALTAMONTE SPGS FL 32701



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

25

29

30

9. Name and Address of Current Registered Agent

BORRERO, JOSE L., M.D.
610 JASMINE RD.
ALTAMONTE SPRINGS FL 32701

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 607.0602 and 607.1502, 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 obligation of, Section 607.0504, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BORRERO, JOSE L., M.D.	610 JASMINE RD.	ALTAMONTE SPRINGS FL	☐
V	BORRERO, MARGARITA M.	610 JASMINE RD.	ALTAMONTE SPRINGS FL	☐
S	POWER, NILSA	610 JASMINE RD.	ALTAMONTE SPGS, FL 00000	☐
				☐
				☐
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐

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)(a), 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, the receiver or trustee of the corporation, or the person or persons authorized to execute the report or required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or additions with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Apr 96

CR2E034 (12/95)