FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED

95 MAY -1 PM 2:11

TALLAHASSEE, FLORIDA

DOCUMENT # 675803 (1)

1. Corporation Name

IGNACIO U. DELGADO, M.D.,P.A.

Principal Office Address

3960 W. FLAGLER ST.
MIAMI FL 33134

Mailing Address

5520 SW 82ND AVE.
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1980	3a. Date of Last Report: 07/28/1994
4. FEI Number: 59-2005639	☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No

2. Principal Office Address	2a. Mailing Address
21 5520 SW 82nd Ave	26 5520 S.W. 82nd Ave
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State: Miami Fl	28 City & State: Miami Fl.
24 Zip: 33155 25 Country: U.S.A	29 Zip: 33155 30 Country: U.S.A

9. Name and Address of Current Registered Agent

DELGADO, DAISY
5520 SW 82ND AVE.
MIAMI FL 33155

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	~~DP~~	TITLE	☐ Change ☐ Addition
NAME	~~DELGADO, IGNACIO~~	NAME	
STREET ADDRESS	~~5520 S.W. 82 AVE.~~	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL~~	CITY-ST-ZIP	
TITLE	ST	TITLE	VicePresident + S/T ☒ Change ☐ Addition
NAME	DELGADO, DAISY	NAME	Delgado Daisy
STREET ADDRESS	5520 SW 82ND AVE	STREET ADDRESS	5520 SW 82nd Ave
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	mia Fl. 33155
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Daisy Delgado   4/25/95

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

Daisy Delgado V.P

0165921 CP