

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 682104 (5)

1. Corporation Name

PONS, SALCINES & ASSOCIATES, M.D., P.A



Principal Place of Business

Mailing Address

8890 CORAL WAY #211
MIAMI FL 33165

8890 CORAL WAY #211
MIAMI FL 33165

3. Date Incorporated or Qualified

08/05/1980

3a. Date of Last Report

01/25/1995

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

PONS, ROBERTO R
8890 CORAL WAY #211
MIAMI FL

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 of Registered Agent or Principal Agent in Charge)

(NOTE: Registered Agent Signature requires a Notarizing Stamp)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
S
SALCINES, LOURDES
STREET ADDRESS
2144 SW 99TH AVENUE
CITY- ST- ZIP
MIAMI FL

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

1. TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
P
PONS, ROBERTO R
STREET ADDRESS
2144 SW 99TH AVENUE
CITY- ST- ZIP
MIAMI FL

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

1. TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

1. TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

1. TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

1. TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

62 NAME
63 STREET ADDRESS
64 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES SALCINES
SECRETARY 1/27/96 (305) 555-1550

CR2E034 (12/95)