

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

REPUBLICAN
 ANNUAL REPORT
 1995



OFFICE OF THE SECRETARY OF STATE
 1700 N. W. 17th Ave.
 Tallahassee, Florida 32304-2500
 Telephone: (904) 488-2000

DOCUMENT # **683559**

(9)

CANDIDO F. DIAZ-CRUZ, M.D., P.A.

ASSIGNED
 FILED
 SEP 29 1995
 9:22
 REGISTERED OFFICE STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address 299 ALHAMBRA CIRCLE SUITE 517 CORAL GABLES FL 33134		2b. Mailing Address 299 ALHAMBRA CIRCLE SUITE 517 CORAL GABLES FL 33134	
21	26	22	27
23	28	24	30

3. Date Incorpoated or Qualified 09/29/1980	3a. Date of Last Report 04/25/1994
4. FID Number 59-2044605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for 20% excise tax under § 192.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DIAZ-CRUZ, CANDIDO F. 299 ALHAMBRA CIRCLE SUITE 517 CORAL GABLES FL 33134		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		
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11. Pursuant to the provisions of Sections 192.032 and 192.1508, 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 192.032(2)(b), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME DPS DIAZ-CRUZ, CANDIDO F. 299 ALHAMBRA CIR #517 CORAL GABLES, FL 00000	TYPE S	NAME DIAZ-CRUZ, CANDIDO F. 299 ALHAMBRA CIR #517 CORAL GABLES FL	TYPE S
NAME	TYPE	NAME	TYPE
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14. I hereby certify that the information submitted with this filing is voluntarily furnished and shows full equality for the corporation under the laws of the State of Florida. I understand that the information submitted in this filing is subject to public inspection and that my signature shall have the same legal effect as if made under oath. But I am not subject to a duty to file this information if the corporation or Florida corporation is not subject to the registration requirements of this chapter. I understand that my name appears with this filing as the registered agent and I am familiar with and accept the obligations of Section 192.032(2)(b), Florida Statutes.

SIGNATURE: **CANDIDO F. DIAZ-CRUZ**
 REGISTERED OFFICE STATE TALLAHASSEE, FLORIDA
 4-29-95 (805) 442-2725