

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 # F01034

(0)

1. Corporation Name

LUIS F. MESTRE-CANALS, M.D., P.A.

Principal Place of Business

6850 CORAL WAY
MIAMI FL 33155

Mailing Address

6850 CORAL WAY
MIAMI FL 33155



2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CRESPO & CRESPO, PA
2701 PONCE DE LEON BLVD
STE 302
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

10/09/1980

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2034776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

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 607.0409 and 607.1008, Florida Statutes, the above named corporation is submitting 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Current Registered Agent

Signature of New Agent, if different from above

DAB

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
DP
MESTRE-CANALS, LUIS F MD
6850 CORAL WAY
MIAMI, FL 00000

2. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied to this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(k), Florida Statutes. I further certify that the information included 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 attached addendum.

SIGNATURE:

Luis Mestre Canals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Luis F. Mestre-Canals MD - President

3. 12-96

305-665-8205

CR2E034 (12/95)