

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F30113** (7)

1. Corporation Name
ROBERT J. MIQUEL, M.D., P.A.

Principal Place of Business Mailing Address
2925 10TH AVENUE NORTH SUITE 104 LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/11/1981	3a. Date of Last Report 03/17/1994
4. FEI Number 59-2088464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has applied for exemption under Section 1303(e)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt # etc	26 State, Apt # etc
22 City & State	27 City & State
23 Zip	28 Zip
24	29
25	30

9. Name and Address of Current Registered Agent
**VILLAGELIU, NICOLAS G
1841 G W 29TH AVENUE
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1841 SW 29 Avenue
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.06(1) and 607.15(7), 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. Title	DP
2. NAME	MIQUEL, ROBERTO J
3. STREET ADDRESS	2925 10TH AVE N STE 104
4. CITY, ST, ZIP	LAKE WORTH, FL 0
5. Title	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. Title	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. Title	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. 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 119.02(4)(b), 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 this corporation or the person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Roberto J. Miquel* **Roberto J. Miquel** **15/8/95** **(407) 965-3280**