

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**APPROVED
AND
FILED**

97 AUG -1 AM 8:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F38299 (6)

1. Corporation Name
JOSE PEDRO HERNANDEZ GALA, M.D., P.A.



Principal Place of Business 1010 S.W. 88TH COURT MIAMI FL 33174	Mailing Address 1010 S.W. 88TH COURT MIAMI FL 33174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 539 NW 130th Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 539 NW 130th Avenue Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 07/24/1981	3a. Date of Last Report 04/19/1996
City & State 23 Miami, FL	City & State 28 Miami, FL	4. FEI Number 59-2113248	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24 33182	Country 25 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 29 33182	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent HERNANDEZ GALA, JOSE PEDRO 1010 S.W. 88TH CT. MIAMI FL 33174		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERNANDEZ GALA, JOSE PEDRO 1010 S.W. 88TH CT. MIAMI FL 33174		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)	539 NW 130th Avenue		
83			
84 City	MIAMI	85 Zip Code	33182

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	600002259518 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ GALA, JOSE P.	1.2 NAME	-08/06/97--01075--008
STREET ADDRESS	1010 S.W. 8TH COURT	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 as an attachment with an address.

CR2E094 (4/97)

SIGNATURE *[Signature]* DATE