

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F40216

1. Corporation Name  
**HERNAN PRIETO, M.D., P.A.**

Principal Place of Business  
**201 NW 82nd Ave., #505  
Plantation, FL 33324**

2a. Mailing Address  
**201 N.W. 82nd Ave, #505  
P.O. BOX 19547  
PLANTATION, FL 33318**

3. Date Incorporated or Qualified <b>6-10-1981</b>	3a. Date of Last Report <b>12-30-1995</b>
4. FEI Number <b>59-2102567</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>K</b>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>P.O. Box 19547, 201 N.W.</b>
22 City & State	27 <b>82nd Ave., #505</b>
23 Zip	28 <b>Plantation, FL</b>
24 Country	29 <b>33318</b>
	30 <b>Broward</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HERNAN PRIETO M.D. 201 NW 82 AVE. #505 PLANTATION, FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>
			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: *Hernan Prieto* DATE: **4/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNAN PRIETO M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>201 NW 82 AVE. #505</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33318</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 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	<b>900001798329</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>-04/29/96--01038--003</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>***208.75</b>
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	<b>900001798329</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>-04/29/96--01038--003</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>***20020875</b>
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 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, unchanged, or on an amendment with a new address.

SIGNATURE: *Hernan Prieto* DIRECTOR DATE: **4/1/96** 954 472 4718

CR2E034 (12/95)