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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

MIAMI FL 33125

DOCUMENT #

F42474

(9)

MIAMI FL 33125

JOSE L. HERNANDEZ, M.D., P.A.

Principal Place of Business Mailing Address 42 N.W. 27 AVE. 42 N.W. 27 AVE. SUITE 311 SUITE 311



01/25/1995

3. Date Incorporated or Qualified 3a. Date of Last Report

08/28/1981

2. Principal Plac	pe of Business	2a. Mailing Address			4. FET Number	Applied For	
1 42N	N. 24 ave \$ 31.	26 YONN 270	Ive. #	31)	59-2278632	Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc. 27 ////////////////////////////////////	6. 370		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	_	City & State 28 33/2	<i>⊒</i> 7.5		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 4	Country 7ip 30			Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
4	9. Name and Address of Curre		1001		10. Name and Address of New Regist	ered Agent	
			81	Name			
HERNANDEZ, JOSE L 42 NW 27 AVE SUITE 311 MIAMI FL 33125				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				City		FL FL FL FL FL FL FL FL	
				familiär with SiGNATURE	n, and accept the obligations of, Sec Signature, typind or printed minim of registered agen	tion 607.0505, Florida Statutes.	IF Reginte ad Age
12.		ND DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1 1 TITLE			∑ Change ☐ Addition	
NAME	HERNANDEZ, JOSE L., MI)	1.2 NAME	١.,	0111 04 1 0 1 71		
STREET ADDRESS	42 NW 27TH AVE 311			I .	JNN. 27 ave \$312		
CITY - ST - ZIP	MIAMI FL	☐ DELFTE	1.4 CITY -	ST - ZIP		Change Addition	
TITLE			2 1 THILF				
NAME			2.2 NAME	LADDRESS			
STREET ADDRESS			2.3 SINCE 2.4 C-TY -				
CITY-ST-ZIP TITLE		□ DELETE	3 1 hite	21 - 211		Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADORESS			
CiTy-ST-ZIP			3.4 CHTY -	ST-7IP			
TITLE		☐ DELETE	4. 1 TITLE			Change Addition	
NAME:			4.2 NAME				
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY - ST - ZIP		wa	4.4 C(1) -	ST-74F			
T:TLF		☐ DELETE	5 1 TITLE			Change Addition	
NAME			5.2 NAME	ļ			
STREET ADDRESS				1 ADDRESS			
CITY - ST - ZIP		F3 DELETE	5.4 CiTY-			Change Addition	
MILE		DELETE	6 ! 11iLE			☐ change ☐ Auditori	
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CHY-ST-ZIP			6.4 CITY-		for the execution stated in Section 110 07(3)	(k) Florida Statutes I further	

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 12 or Block 12 or Block 12 or Block 13 or an attachment with an address.

SIGNATURE:

| Signature | Si

3/24/96 305-444 5812