

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

**APPROVED  
AND  
FILED**

55 JUL 25 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F44430** (9)

1. Corporation Name  
**JORGE DE CARDENAS, JR., M.D., P.A.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% COSME J DE LA TORRIENTE  
11880 BIRD RD., STE 315  
MIAMI FL 33175-3590**

Mailing Address: **% COSME J DE LA TORRIENTE  
11880 BIRD RD., STE 315  
MIAMI FL 33175-3590**

3. Date Incorporated or Qualified: **09/14/1981**  
3a. Date of Last Report: **05/13/1994**

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

4. FEI Number: **59-2216913**  
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**  
7. This corporation has liability for intangible tax under S. 199.112, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CARDENAS, JORGE DE  
11880 BIRD DR. SUITE 315  
MIAMI FL 33175**

10. Name and Address of New Registered Agent  
B1. Name  
B2. Street Address (P.O. Box Number is Not Acceptable)  
B3.  
B4. City  
B5. Zip Code: **FL**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

01. NAME: <b>PSD DE CARDENAS, JORGE</b>	02. STREET ADDRESS: <b>6039 COLLINS AVE.</b>	03. CITY, ST, ZIP: <b>MIAMI BCH. FL</b>
04. NAME:	05. STREET ADDRESS:	06. CITY, ST, ZIP:
07. NAME:	08. STREET ADDRESS:	09. CITY, ST, ZIP:
10. NAME:	11. STREET ADDRESS:	12. CITY, ST, ZIP:
13. NAME:	14. STREET ADDRESS:	15. CITY, ST, ZIP:
16. NAME:	17. STREET ADDRESS:	18. CITY, ST, ZIP:
19. NAME:	20. STREET ADDRESS:	21. CITY, ST, ZIP:

01. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add New
02. NAME:	
03. STREET ADDRESS:	
04. CITY, ST, ZIP:	<b>400001548024</b>
05. NAME:	<b>-07/27/95--01080--003</b>
06. NAME:	<b>****225.00 ****225.00</b>
07. STREET ADDRESS:	
08. CITY, ST, ZIP:	
09. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add New
10. NAME:	
11. STREET ADDRESS:	
12. CITY, ST, ZIP:	
13. NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Add New
14. NAME:	
15. STREET ADDRESS:	
16. CITY, ST, ZIP:	

14. I do hereby certify that the information reported with this filing is, to the best of my knowledge and belief, true and correct, and I am not aware of any information that would cause this information to be materially false and inaccurate. I understand that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, or the change or changes requested herein, and I am not a registered agent of the corporation. I am attaching to this report as required by Chapter 197, Florida Statutes, and if any, copies of the following documents:

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPE AND FULL NAME OF CURRENT OFFICER OR DIRECTOR

**665  
7/25/95**  
**Jorge De Cardenas**  
**June 10, 1995 - 305-551205**