

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F45663** (4)

1. Corporation Name

RAUL V. PEREIRAS, M.D., P.A.

Principal Place of Business

~~40 WEST 40 STREET
HALEAH FL 33012~~

Mailing Address

~~40 WEST 40 STREET
HALEAH FL 33012~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/01/1981** 3a. Date of Last Report **06/03/1994**

2. Principal Place of Business

21 **19650 SW 112th STREET**

2a. Mailing Address

26 **815 NW 57th AVENUE**

4. FEI Number **59-2128087**

Applied For
Not Applicable

Suite, Apt. #, etc.

22
23 **MIAMI, FL**

Suite, Apt. #, etc.

27 **SUITE #484**
28 **MIAMI, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199 (13) Florida Statutes Yes No

24 **33196** 25 **DADE**

29 **33126** 30 **DADE**

9. Name and Address of Current Registered Agent

~~PEREIRAS, PATRICIA M.
40 WEST 40 STREET
HALEAH FL 33012~~

10. Name and Address of New Registered Agent

81 Name **ROGER BESU**
82 Street Address (P.O. Box Number is Not Acceptable) **815 NW 57TH AVENUE**
83 **SUITE #484**
84 City **MIAMI** 85 Zip Code **FL 33126**

11. Pursuant to the provisions of Sections 607.0562 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 607.0565, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

4/26/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREIRAS, RAUL V.
STREET ADDRESS	40 WEST 40 STREET
CITY - ST - ZIP	HALEAH FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PEREIRAS, PATRICIA	
13 STREET ADDRESS	19650 SW 112th STREET	
14 CITY - ST - ZIP	MIAMI, FL 33196	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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, 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 on an attachment with an address.

SIGNATURE:

Patricia Pereiras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA PEREIRAS, PRESIDENT

APRIL 26th, 1995 305/262-7300