

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 02 11:10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **F78790** (5)
1. Corporation Name
JOSE L. VAZQUEZ, M.D. P.A.

Principal Place of Business Mailing Address
1528 S.W. 103RD AVENUE MIAMI FL 33174

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/01/1982	03/17/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied for
City & State		City & State		59-2192024	Not Applicable
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under S. 193.02, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VAZQUEZ, JOSE L. 1528 S.W. 103RD AVE. MIAMI FL 33174				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, 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 607.0504, Florida Statutes.

SIGNATURE _____
(Print or type in printed name of registered agent and the corporation. If the registered agent is a corporation, registered office, secretary, or other representative, print name and title.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1101 NAME STREET ADDRESS CITY, ST, ZIP	PD VAZQUEZ, JOSE L. 1528 S.W. 103RD AVE. MIAMI, FL 00000	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102 NAME STREET ADDRESS CITY, ST, ZIP		12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1103 NAME STREET ADDRESS CITY, ST, ZIP		13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1104 NAME STREET ADDRESS CITY, ST, ZIP		14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1105 NAME STREET ADDRESS CITY, ST, ZIP		15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106 NAME STREET ADDRESS CITY, ST, ZIP		16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1107 NAME STREET ADDRESS CITY, ST, ZIP		17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1108 NAME STREET ADDRESS CITY, ST, ZIP		18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1109 NAME STREET ADDRESS CITY, ST, ZIP		19 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information included 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 on an attachment with an address.

SIGNATURE: *Jose L. Vazquez*
(Signature and typed or printed name of signing officer or director)

5-19-95
Date