

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F80864 (4)**

1. Corporation Name
IGNACIO L. FLEITES, M.D., P.A.



Principal Place of Business Mailing Address
~~951 N.W. 42 AVE., STE. 407 MIAMI FL 33126~~
~~331 N.W. 42 AVE., STE. 407 MIAMI FL 33126~~
new address: 8900 Coral Way, Ste. 209 Miami, FL 33165

21	2. Principal Place of Business	26	2a. Mailing Address
22	8900 CORAL WAY	27	8900 CORAL WAY
23	MIAMI, FL	28	MIAMI, FL
24	33165	29	33165
25	U.S.A.	30	U.S.A.

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	05/11/1982		05/01/1995
4.	FBI Number		Applied For / Not Applicable
	59-2193567		
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DIAZ-BERGNES, GABRIEL, ESQ. 45 SW 36TH COURT MIAMI FL				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 607.1508, 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 _____ DATE _____
Signature, type or printed name, change the type of signature if required and the date of filing. Registered Agent signature required when changing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	FLEITES, IGNACIO L, M.D.	12 NAME	
STREET ADDRESS	351 N.W. 42ND AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 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 if changed, or on an attachment with an address.

SIGNATURE: *Ignacio Fleites, M.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)