

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F80864

(4)

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



Principal Place of Business

8900 CORAL WAY  
SUITE 209  
MIAMI FL 33165  
US

Mailing Address

8900 CORAL WAY  
SUITE 209  
MIAMI FL 33165-2075  
US

3. Date Incorporated or Qualified  
05/11/1982

3a. Date of Last Report  
07/09/1996

4. FEI Number  
59-2193567

Applied For  
Not Applicable

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. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Zip Country 30

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. I, the undersigned, in the presence 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 not a partner and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person whose name is on the certificate of incorporation

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101	PD FLEITES, IGNACIO L, M.D. 361 N.W. 42ND AVENUE MIAMI FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1102			
1103			
1104			
1105			
1106			
1107			
1108			
1109			
1110			
1111			
1112			
1113			
1114			
1115			
1116			
1117			
1118			
1119			
1120			

1101		8900 CORAL WAY STE 209 MIAMI FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1102			
1103			
1104			
1105			
1106			
1107			
1108			
1109			
1110			
1111			
1112			
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1120			

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, director, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on the certificate of incorporation or on an attachment with an address

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

3/6/97

CR2E034 (9/96)