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APPROVED AND FILED

95 FEB 17 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G45949** (6)

1. Corporation Name
LUIS GINORIS, M.D., P.A.

Principal Place of Business Mailing Address
315 WEST 49 ST SUITE B HIALEAH FL 33012 US **315 WEST 49 ST SUITE B HIALEAH FL 33012 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/24/1983** 3a. Date of Last Report **02/23/1994**

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

4. FEI Number **59-1440621** Applied For Not Applicable
5. Certificate of Status Required **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*** DELGADO, OSCAR J., ESQ.**
*** 1140 WEST 50TH ST.**
SUITE 203
HIALEAH FL 33012

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 _____ (Signature typed in printed name of registered agent and the 7 applicable) (NAME Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GINORIS, LUIS, MD
STREET ADDRESS	5210 SW 186 AVE.
CITY - ST - ZIP	FT. ALUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	30000 141 0503
2 3 STREET ADDRESS	-02/20/95--01062--007
2 4 CITY - ST - ZIP	****200.00 ****200.00
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 Sections 110.07(3)(b), 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: *Luis Ginoris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/95 (305) 801-0092