

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 31 AM 9:41**

**DOCUMENT # G98498 (0)**  
1. Corporation Name  
**JAVIER A. GUTIERREZ, M.D., P.A.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
6262 SUNSET DR      6262 SUNSET DR  
PH 254      PH 254  
MIAMI FL 33143      MIAMI FL 33143  
US      US

3. Date Incorporated or Qualified      3a. Date of Last Report  
**04/25/1984**      **03/14/1994**

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      25. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      Country      Country  
24.      25.      29.      30.

4. FEI Number      Applied For  
**59-2424866**      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

9. Name and Address of Current Registered Agent  
**GUTIERREZ, JAVIER  
6262 SUNSET DR  
PH 254  
MIAMI FL 33143**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City      85. Zip Code  
**FL**

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 or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reappointing)      DATE

12. OFFICERS AND DIRECTORS  
TITLE      P  
NAME      GUTIERREZ, JAVIER  
STREET ADDRESS      2120 BAY AVE.  
CITY-ST-ZIP      MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE       Change       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 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 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 addition with an address.

SIGNATURE: *Javier A. Gutierrez*  
SIGNATURE AND TITLE OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #