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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H10835 (7)

1. Corporation Name
LUIS C. SUAREZ, M.D., P.A.



Principal Place of Business: 11780 BIRD ROAD, SUITE 542, MIAMI FL 33175 US
Mailing Address: 11780 BIRD ROAD, SUITE 542, MIAMI FL 33175-8100 US

3. Date Incorporated or Qualified: 06/27/1984
3a. Date of Last Report: 03/19/1996
4. FEI Number: 59-2442093
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

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, Country (25-29)

9. Name and Address of Current Registered Agent
SUAREZ, LUIS C., M.D.
11880 BIRD ROAD
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 542
84 Miami FL 85 Zip Code 33175

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 in full compliance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 1/27/97

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: DP SUAREZ, LUIS C., MD, 11780 BIRD ROAD, #542, MIAMI FL.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. Includes checkboxes for Change and Addition.

14. I do hereby 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 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: [Signature] DATE: 1/27/97 DAYTIME PHONE #: (305) 532-6445

CR2E034 (9/96)