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

PROFIT CORPORATION ANNUAL REPORT



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

1996	
DOCUMENT	#

H24830

(2)

1. Corporation Name

PAT QUIJADA, M.D., P.A.

Principal Place of Business Mailing Address

1802 BELLEVUE AVENUE. SUITE 102 ORLANDO FL 32806 1802 BELLEVUE AVENUE. SUITE 102 ORLANDO FL 32806



					3.	. Date Incorporated or 10/04/1984	Qualified		e of Last R 0 2/09/19	
2. Principal P	lace of Business	2a. Mailing Address		****	4.	FEI Number				Applied For
21		26			59-2449619					Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, 27		с.		5. Certificate of Status Desired				\$8.75 Additional Fee Required	
City & State		Orty & State			6.	Election Campaign Fi Trust Fund Contributi	-			O May Be d to Fees
Zip	Country	Zip	Coun	try	8.	This corporation has	liability for in	ntangible ta	ax under s	199.032,
24	[25]	29	30			Florida Statutes	Yes			
	9. Name and Address of Currer	nt Registered Agent		arna -	10.	Name and Address	of New Re	egistered	Agent	
0.0.44				31 Name						
QUIJADA, PATRICIO 1802 BELLEVUE AVENUE, SUITE 102 ORLANDO FL 32806			Ī	82 Street Address (P.O. Box Number is Not Acceptable)						
			1	33			····			•
				34 City				FL	_ '	o Code
or register	to the provisions of Sections 607.0502 red agent, or both, in the State of Flori rth, and accept the obligations of, Sect	ida Such change was aufr tion 607.0505, Florida Stat	nonzed by the actutes.	orporation's boar	rd of d	irectors. Thereby accep	for the purp of the appo	Jose of cha Jintment as	inging its r registered	egistered office agent. I am
12,	Signature typed or partial hance of registered agent OFFICERS AN	fand title if applicable ID DIRECTORS	NOTE GEGSTEELA 13.	ginn sign it in assism	Twitten in	ADDITIONS/CHANGE	S 10 0551	DATE	DIDECTO	DC IN 10
TITLE	P	DELETE	1. 1 TU			ADDITIONS/OFFINGE	S TO OFFIC		Change	Addition
NAME	QUIJADA, PATRICIO		1.2 NAN					L	Onlonge	Nations
STREET ADDRESS	1802 BELLEVUE AVE. #102)								
	ORLANDO FL			ELT ADDRESS						
CITY-ST-ZIP		F'I DELETE	2 1 1 III	<u>' ST-ZIP</u>				<u>.</u>	Change	Addition
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14. I do nereby certify that the information supplied with finis filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(b). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report as rule and accurate and that my signature shall have this 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 chapter, or on an attadpoint with an address.

SIGNATURE:

GNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 & 43-3967