

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H33099** (3)

1. Corporation Name
JOSE E. QUINONES, M.D., P.A.



Principal Place of Business: **611 WYMORE RD. SUITE 215 WINTER PARK FL 32789 US**
Mailing Address: **331 N. MAITLAND AVE. SUITE D-10 MAITLAND FL 32751 US**

3. Date Incorporated or Qualified: **12/04/1984** 3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2467939** 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: 21. Mailing Address: 22. Suite, Apt. #, etc.: 26. Suite, Apt. #, etc.: 23. City & State: 27. City & State: 24. Zip: 25. Country: 28. Zip: 29. Country: 30.

9. Name and Address of Current Registered Agent

**QUINONES, JOSE E., M.D.
611 WYMORE RD.
SUITE 215
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
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 or printed name of registered agent and the date.

(NOTE: Registered Agent signature required when registering.)

Date:

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | QUINONES, JOSE E. | |
| STREET ADDRESS | 611 WYMORE ROAD, SUITE 215 | |
| CITY- ST- ZIP | WINTER PARK FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | QUINONES, JOSE E | |
| STREET ADDRESS | 611 WYMORE ROAD, SUITE 215 | |
| CITY- ST- ZIP | WINTER PARK FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY- ST- ZIP | |
| 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY- ST- ZIP | |
| 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY- ST- ZIP | |
| 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY- ST- ZIP | |
| 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY- ST- ZIP | |
| 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Day: _____ Month: _____

CR2E034 (12/95)