

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H35837 (4)

1. Corporation Name

FREDY DELACRUZ, M.D., P.A.

Principal Place of Business

1071 PORT MALABAR BLVD
#101
PALM BAY FL 32905
US

Mailing Address

1071 PORT MALABAR BLVD
#101
PALM BAY FL 32905
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1984

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21 1071 Port Malabar Blvd.

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Palm Bay, Florida

Zip

24 32905

Country

25 Boulevard

2a. Mailing Address

26 1071 Port Malabar Blvd.

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Palm Bay, Florida

Zip

29 32905

Country

30 Boulevard

4. FEI Number

59-2472131

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

FANARO, RONALD S
7555 20TH ST
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

Fanaro, Ronald S.

82 Street Address (P.O. Box Number is Not Acceptable)

83

7555 20th Street

City Vero Beach, FL.

FL

85

Zip Code

32960

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME DELACRUZ, FREDY
STREET ADDRESS 1110 HOLLOWBROOK LANE
CITY - ST - ZIP MALABAR FL 32950

TITLE S
NAME DAVILA, MARITZA
STREET ADDRESS 2135 - 32ND AVENUE
CITY - ST - ZIP VERO BEACH FL 32960

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 ☐ 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)(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 the 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:

Fredy Delacruz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.95 107-722-0133
Date System Name #