

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H35837** (4)

1. Corporation Name
FREY 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

3. Date Incorporated or Qualified: 12/28/1984
3a. Date of Last Report: 04/11/1995
4. FET Number: 59-2472131
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 1071 Port Malabar Blvd. Suite, Apt. #, etc. 22 Suite 101 City & State 23 Palm Bay, Florida Zip 24 32905 County 25 Brevard
2a. Mailing Address: 26 1071 Port Malabar Blvd. Suite, Apt. #, etc. 27 Suite 101 City & State 28 Palm Bay, Florida Zip 29 32905 County 30 Brevard

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
84 City: Vero Beach, 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: *Fredy Delacruz* Date: 3/1/96

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DELACRUZ, FREDY	
STREET ADDRESS	1110 HOLLOWBROOK LANE	
CITY-ST-ZIP	MALABAR FL 32950	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVILA, MARITZA	
STREET ADDRESS	2135 - 32ND AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32960	
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 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

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

Date: 3/1/96
Dated: _____

CR2E034 (12/95)