

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**FILED**  
**Feb 02 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # H38234 (1)**

1. Corporation Name  
**CARLOS J. DOMINGUEZ, M.D., FACP, P.A.**



Principal Place of Business: **4300 ALTON ROAD 3 WARNER MIAMI BCH. FL 33182**  
Mailing Address: **4300 ALTON ROAD 3 WARNER MIAMI BCH. FL 33182**

2. Principal Place of Business: **4306 ALTON ROAD 3RD FLOOR MIAMI BEACH, FL 33140 USA**  
2a. Mailing Address: **4306 ALTON ROAD 3RD FLOOR MIAMI BEACH FL 33140 USA**

3. Date Incorporated or Qualified: **01/15/1985** 3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-2483178** 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

9. Name and Address of Current Registered Agent: **DOMINGUEZ, CARLOS J. 4300 ALTON RD. 4306 ALTON ROAD 3 WARNER MIAMI FL 33140**  
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 607.0702 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 607.0705, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: DOMINGUEZ, CARLOS J. STREET ADDRESS: 1420 W 23RD ST, S.I. #3 CITY-STATE-ZIP: MIAMI BEACH FL	<input type="checkbox"/> DELETE	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	4. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> DELETE	6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:** \_\_\_\_\_ **1/29/96 305-535-3310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)