

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

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95 JUL 10 PM 2:24

**CORPORATION ANNUAL REPORT 1995**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001533866  
-07/10/95--01081--001  
\*\*\*9225.00 \*\*\*225.00

DO NOT WRITE IN THIS SPACE.

**DOCUMENT # H90365 (8)**

1. Corporation Name

**JAMES F. FARRELL OF MIAMI, INC.**

Principal Place of Business

Mailing Address

C/O FLORIDA REGISTERED AGENTS, INC.  
100 E. 2 CT. #2000  
MIAMI FL 33131  
US

C/O FLORIDA REGISTERED AGENTS, INC.  
100 E. 2 CT. #2000  
MIAMI FL 33131  
US

3. Date Incorporated or Qualified

12/17/1985

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2626753

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

6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 2601 S. Bayshore Dr.  
Suite, Apt. #, etc.

26 2601 S. Bayshore Dr.  
Suite, Apt. #, etc.

22 Suite 1600

27 Suite 1600

23 Miami, Florida  
City & State

28 Miami, Florida  
City & State

24 33133 25 U.S.  
Zip Country

29 33133 30 U.S.  
Zip Country

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA REGISTERED AGENTS INC  
100 SOUTHEAST 2ND STREET  
SUITE 2000  
MIAMI FL 33131

B1 Name

A.Z. Registered Agent Corporation

B2 Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Drive

B3

Suite 1600

B4 City

Miami

FL

B5 Zip Code

33133

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 provisions of Sections 607.0502 and 607.1508, Florida Statutes.

SIGNATURE By:

*Justin Wilson*  
Justin Wilson, Secretary

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME FARRELL, JAMES F., MD  
STREET ADDRESS 600 E. 25TH ST.  
CITY-ST-ZIP HIALEAH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

*James F. Farrell*  
JAMES F. FARRELL

JAMES F. FARRELL

5/9/95

305 691 2990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone