FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 10 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J04386** **(5)**

1. Corporation Name
ROBERTO CRUZ, M.D., INC.

700001533837
-07/10/95--01081--001
***9225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~C/O FLORIDA REGISTERED AGENTS INC~~ ~~100 SOUTHEAST 2ND ST 3600~~ ~~MIAMI FL 33131~~ ~~US~~	~~C/O FLORIDA REGISTERED AGENTS INC~~ ~~100 SOUTHEAST 2ND ST 3600~~ ~~MIAMI FL 33131~~ ~~US~~

3. Date Incorporated or Qualified: 03/17/1986
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 2601 S. Bayshore Dr.
Suite, Apt. #, etc.
22: Suite 1600
City & State
23: Miami, Florida
Zip: 24: 33133
Country: 25: U.S.

2a. Mailing Address
26: 2601 S. Bayshore Dr.
Suite, Apt. #, etc.
27: Suite 1600
City & State
28: Miami, Florida
Zip: 29: 33133
Country: 30: U.S.

4. FEI Number: 59-2667404 ☐ 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

~~FLORIDA REGISTERED AGENTS, INC.~~
~~100 S.E. 2 ST. #3600~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: A Z Registered Agent Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
83: Suite 1600
84 City: Miami FL 85 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 obligations of the position of registered agent.

SIGNATURE: By: Justin T. Wilson DATE
(Signature, typed or printed name of person signing, and title or capacity if applicable. Registered Agent signature required when reinstating)
Justin T. Wilson, Secretary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	CRUZ, ROBERTO M	12 NAME		
STREET ADDRESS	1790 W 49TH ST 110	13 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: 5/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0137032 CP