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Jan 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J26472 (7)

1. Corporation Name  
ORESTES M. PABLOS, M.D., P.A.



Principal Place of Business  
% ORESTES M. PABLOS, M.D.  
6498 CORAL WAY  
MIAMI FL 33155

Mailing Address  
% ORESTES M. PABLOS, M.D.  
6498 CORAL WAY  
MIAMI FL 33155-1949

3. Date Incorporated or Qualified 07/30/1986  
3a. Date of Last Report 04/25/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

4. FEI Number 59-2700665  
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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PABLOS, ORESTES M., M.D.  
6498 CORAL WAY  
MIAMI FL 33155

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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]* DATE 1-24-97  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Table with 6 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes a 'DELETE' checkbox for each row.

Table with 6 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes 'Change' and 'Addition' checkboxes for each row.

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* DATE 1-24-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)