

**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 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001533800  
-07/10/95--01081--001  
\*\*\*9225.00 \*\*\*\*225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **J31117** (1)

1. Corporation Name  
**TERRENCE J. BARRY, INC.**

Principal Place of Business <b>G/O FLORIDA REGISTERED AGENTS, INC. 100 S.E. 2 ST. #3600 MIAMI FL 33131 US</b>	Mailing Address <b>G/O FLORIDA REGISTERED AGENTS, INC. 100 S.E. 2 ST. #3600 MIAMI FL 33131 US</b>
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3. Date Incorporated or Qualified <b>09/02/1986</b>	3s. Date of Last Report <b>04/29/1994</b>
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4. FEI Number <b>59-2719994</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 21 <b>21601 S. Bayshore Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>21601 S. Bayshore Dr.</b> Suite, Apt. #, etc.
22 <b>Suite 1600</b> City & State	27 <b>Suite 1600</b> City & State
23 <b>Miami, Florida</b> Zip Country	28 <b>Miami, Florida</b> Zip Country
24 <b>33133</b> 25 <b>U.S.</b>	29 <b>33133</b> 30 <b>U.S.</b>

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 <b>A Z Registered Agent Corporation</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>21601 S. Bayshore Drive</b>
83 <b>Suite 1600</b>
84 City <b>Miami</b>
85 State <b>FL</b>
86 Zip Code <b>33133</b>

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, as 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 agree to the above information.

SIGNATURE BY: Justin T. Wilson Secretary  
NOTE: Registered Agent signature required when renouncing. DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>BARRY, TERRENCE J., MD</b>
STREET ADDRESS <b>7100 WEST 20TH AVENUE #111</b>	
CITY - ST - ZIP <b>HIALEAH FL 33016</b>	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	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 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, or on an attachment with an address.

SIGNATURE: Justin T. Wilson 5-16-95 (305) 822-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR