

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **J36521 (9)**

1. Corporation Name  
**EDWIN M. VILLALOBOS M.D., P.A.**



Principal Place of Business: **2502 N ORANGE AVE #542 N TOWER ORLANDO FL 32804**  
Mailing Address: **2502 N ORANGE AVE #542 N TOWER ORLANDO FL 32804**

3. Date Incorporated or Qualified: **10/03/1986**  
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business  
21 **661 E. ALTAMONTE Dr**  
22 **Suite 231**  
23 **ALTAMONTE SPRINGS FL**  
24 **32701**  
25 **USA**  
2a. Mailing Address  
26 **661 E. ALTAMONTE Dr**  
27 **Suite 231**  
28 **ALTAMONTE SPRINGS FL**  
29 **32701**  
30 **USA**

4. FEI Number: **59-2723060**  
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**

**VILLALOBOS, EDWIN M.  
2502 N ORANGE AVE #542  
N TOWER  
ORLANDO FL 32804**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **661 E. ALTAMONTE Dr.**  
83 **Suite 231**  
84 City: **ALTAMONTE SPRINGS FL** 85 Zip Code: **32708**

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VILLALOBOS, EDWIN M.	
STREET ADDRESS	2502 N ORANGE AVE #542	
CITY - ST - ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VILLALOBOS, VONDRE E.	
STREET ADDRESS	2502 N ORANGE AVE #542	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>661 E. ALTAMONTE Dr #231</b>
1.4 CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>661 E. ALTAMONTE Dr #231</b>
2.4 CITY - ST - ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Vondre E Villalobos 1/30/96 (407) 331-0771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)