

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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

2a. Mailing Address

21 661 E. ALTAMONTE Dr  
Suite, Apt. #, etc.

26 661 E. ALTAMONTE Dr  
Suite, Apt. #, etc.

4. FEI Number

59-2723060

Applied For

Not Applicable

22 Suite 231  
City & State

27 Suite 231  
City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 ALTAMONTE SPRINGS FL  
Zip

28 ALTAMONTE SPRINGS FL  
Zip

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 32701

25 USA

29 32701

30 USA

8. 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

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

81 Name

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

661 E. ALTAMONTE Dr.

83

Suite 231

84

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP  
VILLALOBOS, EDWIN M.  
STREET ADDRESS 2502 N ORANGE AVE #542  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

661 E. ALTAMONTE Dr #231

ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME S  
VILLALOBOS, VONDRE E.  
STREET ADDRESS 2502 N ORANGE AVE #542  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

661 E. ALTAMONTE Dr #231

ALTAMONTE SPRINGS FL 32701

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

Date

(407) 331-0771

Daytime Phone #

CR2E034 (12/95)