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 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J40321** **(8)**

1. Corporation Name
WILLIAM R. VIVAS, D.P.M., P.A.

Principal Place of Business	Mailing Address
3051 W. FLAGLER STREET MIAMI FL 33135	3051 W. FLAGLER STREET MIAMI FL 33135

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated (or Qualified): 10/30/1986	3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-2733616	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. Florida Statutes [X] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or etc. 22	Suite, Apt. # or etc. 27
City & State 23	City & State 28
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

VIVAS, WILLIAM R.
3051 WEST FLAGLER ST
MIAMI FL 33125

10. Name and Address of New Registered Agent

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 Section 607.1005 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICER AND/OR DIRECTORS

PSTD
VIVAS, WILLIAM R.
3051 WEST FLAGLER ST
MIAMI FL 33135

13. ADDITIONAL CHANGES TO OFFICERS AND/OR DIRECTORS

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the enclosed annual report complies with the requirements of Chapter 607, Florida Statutes, and that all other information contained herein is true and accurate and that my signature shall serve 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 above, or on an attachment with an indication

SIGNATURE: William R. Vivas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R VIVAS

(305)642-5153

0143370 CP