

**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 # J45412 (0)**

1. Corporation Name

**ROLANDO SANCHEZ-MEDINA, M.D., INC.**



Principal Place of Business

10220 S.W. 88TH STREET  
MIAMI FL 33176  
US

Mailing Address

10220 S.W. 88TH AVENUE  
MIAMI FL 33176  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
**12/02/1986**

3a. Date of Last Report  
**02/03/1995**

4. FEI Number  
**59-2809753**

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

SANCHEZ-MEDINA, ROLAND J  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **ROLANDO SANCHEZ-MEDINA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10220 SW 88 AVE**  
83  
84 City **MIAMI FLA FL** 85 Zip Code **33176**

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 (applicable)

(NOTE: Registered Agent Signature Required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ-MEDINA, ROLANDO	
STREET ADDRESS	10220 S.W. 88TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	SISBLA SANCHEZ-MEDINA	
STREET ADDRESS	10220 SW 88 AVE	
CITY - ST - ZIP	MIAMI FLA 33176	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	SISBLA SANCHEZ-MEDINA
2.4 CITY - ST - ZIP	10220 SW 88 AVE MIAMI FLA 33176
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	200001803922
4.4 CITY - ST - ZIP	-05/02/96--01002--004 ***200.00
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	5-1-96
6.4 CITY - ST - ZIP	072

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:

*Rolando Sanchez Medina*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/96*

Date/Time Phone #

CR2E034 (12/95)