

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J73309** (3)

1. Corporation Name:
ENRIQUE DAVILA M.D., F.A.C.P., P.A.



Principal Place of Business:
**4300 ALTON ROAD
3 WARNER
MIAMI BEACH FL 33140
US**

Mailing Address:
**4300 ALTON ROAD
3 WARNER
MIAMI BEACH FL 33140
US**

3. Date Incorporated or Qualified 05/18/1987	3a. Date of Last Report 02/22/1995
4. FEI Number 59-2800961	Applied For Not Applicable
5. Certificate of Status Debared <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. 4306 Alton Road
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
9. Name and Address of Current Registered Agent	

**DAVILA, ENRIQUE M.
4300 ALTON ROAD
3 WARNER
MIAMI BEACH FL 33140**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	
84. City	

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.011(2)(b), 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. I am authorized to act on behalf of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.01(2)(c) and 607.011(2)(b), Florida Statutes.

SIGNATURE _____ TITLE _____

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETED
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETED
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information given in this filing is true and correct, and that I am not a director, officer, or shareholder of the corporation. I further certify that the signature of the person named in this filing as the registered agent or secretary of the corporation has the same legal effect as if made under oath. I am an officer or director of the corporation. I am not a shareholder of the corporation. I am not a director, officer, or shareholder of the corporation. I am not a director, officer, or shareholder of the corporation. I am not a director, officer, or shareholder of the corporation.

SIGNATURE: *Enrique Davila* Enrique M. Davila 5/26/96 305-555-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)