

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K07385** (3)

1. Corporation Name
CONCEPCION S. ANAYAS, M.D., P.A.



Principal Place of Business: **2160 HOWLAND BLVD STE 104 DELTONA FL 32738**
Mailing Address: **2160 HOWLAND BLVD STE 104 DELTONA FL 32738**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country
30
g. Name and Address of Current Registered Agent

**ANAYAS, CONCEPCION S
90 GODDARD DR
DEBARY FL 32713**

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

3. Date Incorporated For Qualified: **12/16/1987**
3a. Date of Last Report: **05/01/1995**
4. FEIN Number: **59-2857291** 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, Fla. Statutes: Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(2) and 607.1504, Florida Statutes, the above named corporation makes 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 I accept the obligations of, Sections 607.01(2) and 607.1504, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-1 NAME: P ANAYAS, CONCEPCION	<input type="checkbox"/> DELETE	13-1 NAME:	
12-2 STREET ADDRESS: 90 GODDARD DR		13-2 STREET ADDRESS:	
12-3 CITY, ST, ZIP: DEBARY FL 32713		13-3 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-4 TITLE: S	<input type="checkbox"/> DELETE	13-4 TITLE:	
12-5 NAME: ANAYAS, MARCELO		13-5 NAME:	
12-6 STREET ADDRESS: 90 GODDARD DR		13-6 STREET ADDRESS:	
12-7 CITY, ST, ZIP: DEBARY FL 32713		13-7 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-8 TITLE:	<input type="checkbox"/> DELETE	13-8 TITLE:	
12-9 NAME:		13-9 NAME:	
12-10 STREET ADDRESS:		13-10 STREET ADDRESS:	
12-11 CITY, ST, ZIP:		13-11 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-12 TITLE:	<input type="checkbox"/> DELETE	13-12 TITLE:	
12-13 NAME:		13-13 NAME:	
12-14 STREET ADDRESS:		13-14 STREET ADDRESS:	
12-15 CITY, ST, ZIP:		13-15 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-16 TITLE:	<input type="checkbox"/> DELETE	13-16 TITLE:	
12-17 NAME:		13-17 NAME:	
12-18 STREET ADDRESS:		13-18 STREET ADDRESS:	
12-19 CITY, ST, ZIP:		13-19 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information appearing in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this form is correct or supplemental and a report is true and accurate and that my signature shall have the same legal effect as if made under oath. This form and office or director of this corporation shall receive and be subject to examination, report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form or in an attachment with an affidavit.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-96

CR2E034 (12/95)