

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 # K14668 (3)

1. Corporation Name
CARLOS A. SABATES, M.D., P.A.



Principal Place of Business: **% CARLOS A. SABATES MD 747 PONCE DE LEON BLVD #602 CORAL GABLES FL 33134**
Mailing Address: **% CARLOS A. SABATES MD 747 PONCE DE LEON BLVD #602 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **02/05/1988**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **65-0035510**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**SABATES, CARLOS A. MD
747 PONCE DE LEON BLVD
SUITE 602
CORAL GABLES FL 33134**

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 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 _____ DATE _____
Signature of Registered Agent or Director (Print Name) Signature of Registered Agent (Print Name) Date

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-------------------------------|---------------------------------|---|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SABATES, CARLOS A. MD | | 12 NAME | | |
| STREET ADDRESS | 747 PONCE DE LEON BLVD | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL GABLES FL | | 14 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 22 NAME | | |
| STREET ADDRESS | | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 24 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 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 included 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 registrar 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 this report.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-96 (205) 443-9342
Date Office Phone #

CR2E034 (12/95)