

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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 #802
CORAL GABLES FL 33134

Mailing Address
% CARLOS A. SABATES MD
747 PONCE DE LEON BLVD #802
CORAL GABLES FL 33134-2049

3. Date Incorporated or Qualified 02/05/1988
3a. Date of Last Report 07/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0035510
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

25

29

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 802
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for officers and directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. The first row is filled with: D, SABATES, CARLOS A. MD, 747 PONCE DE LEON BLVD, CORAL GABLES FL. There are checkboxes for 'DELETE'.

Table with 6 rows for additions/changes. Each row includes Title, Name, Street Address, and City-ST-ZIP. There are checkboxes for 'Change' and 'Addition'.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and I am authorized 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 [Handwritten Signature]

CR2E034 (9/96)