

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL 21 AM 8:37

MILWAUKEE, FLORIDA

DOCUMENT # **K20756** (8)
1. Corporation Name
DOCTOR'S GROUP OF MIAMI, INC.

Principal Place of Business: **4607 NW 7TH ST. MIAMI FL 33126**
Mailing Address: **4607 NW 7TH ST. MIAMI FL 33126**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/11/1988		04/15/1994	
22 Suite Apt #, etc		27 Suite, Apt #, etc		4. FFI Number		Applied For	
23 City & State		28 City & State		65-0059461		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		<input type="checkbox"/>		8.75 Additional Fee Required	
26		31		6. Certificate of Status Desired		5.00 May Be Added to Fees	
27		32		<input type="checkbox"/>		5.00 May Be Added to Fees	
28		33		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EIDA ARTIGAS
2421 SAN DOMINGO
CORAL GABLES FL 33126**

10. Name and Address of New Registered Agent

81 Name: **Doctor's Group of Miami, Inc. EIDA ARTIGAS**
82 Street Address: (P.O. Box Number is Not Acceptable)
4530 NW 7th Street
83 **MIAMI FL 33126**
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 of Registered Agent (Registered Agent and the Agent)

Signature of Registered Agent (Registered Agent and the Agent)

(DATE)

OFFICERS AND DIRECTORS		OFFICERS AND DIRECTORS	
11. TITLE	12. NAME	13. TITLE	14. NAME
PS	ARTIGAS, EIDA 2421 SAN DOMINGO CORAL GABLES FL	PRESIDENT - TREASURER	EIDA ARTIGAS 4530 NW 7th MIAMI FL 33126
VT	OLGA GUERRA IRREVOCTRUST 4561 N.W. 7TH ST. MIAMI FL	VICE-PRESIDENT - SECRETARY	OLGA GUERRA IRREVOCTRUST 4530 NW 7th MIAMI FL 33126
			800001545218 -07/25/95--01057--024 ****225.00 ****225.00
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information included on this document is not a part of supplemental annual report or 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 recipient of the information provided to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13 of this report as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95

442.00 26

CR2E034 (3/95)