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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:43

DOCUMENT # K23318 (4)

1. Corporation Name
WILFREDO AMAYA, M.D., P.A.

Principal Place of Business	Mailing Address
333 ARTHUR GODFREY ROAD SUITE #402 MIAMI BEACH FL 33140	333 ARTHUR GODFREY ROAD SUITE #402 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1988
3a. Date of Last Report: 03/01/1994

21	2. Principal Place of Business: 8955 SW 87th COURT #104 MIAMI, FL 33176	26	2a. Mailing Address: 8955 SW 87th CT #104 MIAMI, FL 33176
22	Suite, Apt. #, etc.: 104	27	Suite, Apt. #, etc.: 104
23	City & State: MIAMI FL	28	City & State: MIAMI, FL
24	Zip: 33176	29	Zip: 33176
25	Country: USA	30	Country: USA

4. FEI Number: 59-2889230 ☐ 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, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DE LA PORTILLA, MARIA R.
2828 CORAL WAY, SUITE #303
MIAMI BEACH FL 33145

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	AMAYA, WILFREDO	12 NAME	
STREET ADDRESS	333 ARTHUR GODFREY #402	13 STREET ADDRESS	8955 SW 87th CT 104
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	MIAMI, FL 33176
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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 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 an address.

SIGNATURE: _____ 6/12/95 (305) 595-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045664 CP