

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 27 AM 10:28

DOCUMENT # **K26532** (7)

1. Corporation Name  
**JOSE M. AGUIAR, M.D., P.A.**

Principal Place of Business <b>AGUIAR, JOSE, M 710 SW 17TH AVENUE MIAMI FL 33135 US</b>	Mailing Address <b>% CHARLES P. SACHER 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES FL 33134</b>
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/09/1988</b>	3a. Date of Last Report <b>04/08/1994</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number <b>65-0053196</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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 <b>SACHER, CHARLES P. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>AGUIAR, JOSE M.</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>710 S.W. 17 AVENUE</b>		1.2 NAME	
CITY - ST - ZIP <b>MIAMI FL</b>		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(2)(b), Florida Statutes. I further certify that the information indicated on the 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: *Jose M. Aguiar* (JOSE M. AGUIAR) March 21 / 95 (305) 642-9411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR