

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K 26532 (7)**  
1. Corporation Name  
**JOSE M. AGUIAR, M.D., P.A.**

Principal Place of Business  
**AGUIAR, JOSE M.  
710 SW 17th AVENUE  
MIAMI, FL 33135  
U.S.**

Mailing Address  
**CHARLES P. SACHER  
2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134**

3. Date Incorporated or Qualified **06/09/1988** 3a. Date of Last Report **03/21/95**  
4. FEI Number **65-0053196** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

**SACHER, CHARLES P.  
2655 LEJEUNE ROAD  
SUITE 1101  
CORAL GABLES FL**

**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 607.1504, 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 Director or Officer of Corporation or Registered Agent

DATE (Day, Month, Year)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D AGUIAR, JOSE M. 710 SW 17 AVENUE MIAMI FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
45. TITLE 46. NAME 47. STREET ADDRESS 48. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
49. TITLE 50. NAME 51. STREET ADDRESS 52. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53. TITLE 54. NAME 55. STREET ADDRESS 56. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
57. TITLE 58. NAME 59. STREET ADDRESS 60. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**600001795876  
-04/26/96--01034--001  
\*\*\*208.75**

*4-25-96  
JR*

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 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: *Jose M. Aguiar MD* (JOSE M. AGUIAR) April 19-96 (305) 642-9411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)