

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K26733** (1)
1. Corporation Name
IGNACIO MAGANA, M.D., P.A.



Principal Place of Business Mailing Address
3355 BURNS ROAD SUITE 201 PALM BEACH GARDENS FL 33410

3. Date Incorporated or Qualified **06/14/1988** 3a. Date of Last Report **01/25/1995**
4. FEI Number **65-0055717** 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 **3370 Burns Road** 26 **3370 Burns Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 200** 27 **Suite 200**
City & State City & State
23 **Palm Bch Gardens, FL** 28 **Plm Bch Gardens, FL**
Zip Country Zip Country
24 **33410** 25 Country 29 **33410** 30 Country

9. Name and Address of Current Registered Agent
IGNACIO, MAGANA MD
3355 BURNS RD STE 201
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
81 Name **Ignacio Magana MD**
82 Street Address (P.O. Box Number is Not Acceptable) **3370 Burns Road, Ste 200**
83
84 City **Palm Beach Gardens, FL** 85 Zip Code **33410**

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 conditions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Ignacio Magana MD, Pres.** **1/31/96**
Signature (Typed printed name of person signing this statement) (Typed Registered Agent's name required when appointing)

12. OFFICERS AND DIRECTORS
1.1 TITLE DELETE **PD**
1.2 NAME **MAGANA, IGNACIO**
1.3 STREET ADDRESS **3355 BURNS RD #201**
1.4 CITY-ST-ZIP **PALM BEACH GRDNS FL**
2.1 TITLE DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **PD** Change Addition
1.2 NAME **Ignacio Magan MD**
1.3 STREET ADDRESS **3370 Burns Road, Ste 200**
1.4 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 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 only in attachment with an address.

SIGNATURE: *[Signature]* **1/31/96** **407-627-7855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)

CR2E034 (12/95)