

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # K31976

1. Corporation Name

Rodolfo & Josefa Binker, M.D., P.A.

Principal Place of Business

Mailing Address

Practice of Medicine

7171 Coral Way
Penthouse 505
Miami, Florida 33155

3. Date Incorporated or Qualified
August 29, 1988

3a. Date of Last Report
December 5, 1995

2. Principal Place of Business
21 7171 Coral Way

2a. Mailing Address
26 same as above

4. FEI Number
65-0034251

Applied For
Not Applicable

22 Suite, Apt #, etc
Penthouse 505

27 Suite, Apt #, etc
same as above

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Miami, Florida

28 City & State
same as above

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country
33155 USA

29 Zip Country
same same

8. This corporation has liability for intangible tax under s. 199.03?
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Odette Binker
7171 Coral Way
Penthouse 505
Miami, Florida 33155

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 Odette Binker

Odette Binker

April 11, 1996

Signature, typed or printed name of registered agent and the filer (circle)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Secretary <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josefa Binker	1.2 NAME	Josefa Binker
STREET ADDRESS	13009 Miranda Street	1.3 STREET ADDRESS	13009 Miranda Street
CITY- ST- ZIP	Coral Gables, Florida 33156	1.4 CITY- ST- ZIP	Coral Gables, Florida 33156
TITLE	President <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rodolfo Binker	2.2 NAME	Rodolfo Binker
STREET ADDRESS	13009 Miranda Street	2.3 STREET ADDRESS	13009 Miranda Street
CITY- ST- ZIP	Coral Gables, Florida 33156	2.4 CITY- ST- ZIP	Coral Gables, Florida 33156
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100001782321
STREET ADDRESS		5.3 STREET ADDRESS	-04/18/96--01057--027
CITY- ST- ZIP		5.4 CITY- ST- ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	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 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: Josefa Binker *J Binker*

April 11, 1996 (305)266-0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Filing #

CR2E034 (12/95)

4-15-96