

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 # **K36437** (7)

1. Corporation Name

CARLOS IGLESIAS, M.D., P.A.



Principal Place of Business

Mailing Address

**5518 S.W. 8TH ST
CORAL GABLES FL 33134-2220**

**5518 S.W. 8TH ST
CORAL GABLES FL 33134-2220**

2. Principal Place of Business

2a. Mailing Address

21 **5520 SW 8 ST**

26 **5520 SW 8 ST**

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

28 City & State

CORAL GABLES, FL

CORAL GABLES, FL

24 Zip

25 Country

29 Zip

30 Country

33134

USA

33134

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/03/1988

3a. Date of Last Report

03/31/1995

4. FEI Number

65-0075660

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5520 SW 8 ST

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.1502 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. This 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 obligation of, Section 607.1509, Florida Statutes.

SIGNATURE:

CARLOS IGLESIAS, M.D. PRESIDENT

1/30/96

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE

D

12.2 NAME

IGLESIAS, CARLOS

12.3 STREET ADDRESS

5518 S.W. 8TH ST

12.4 CITY, ST, ZIP

CORAL GABLES FL

12.5 TITLE

☐ DELETE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY, ST, ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY, ST, ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY, ST, ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY, ST, ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY, ST, ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY, ST, ZIP

12.29 TITLE

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY, ST, ZIP

12.33 TITLE

12.34 NAME

12.35 STREET ADDRESS

12.36 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

5520 SW 8 ST

13.4 CITY, ST, ZIP

13.5 TITLE

☐ Change

☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

☐ Change

☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

☐ Change

☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

☐ Change

☐ Addition

13.18 NAME

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13.20 CITY, ST, ZIP

13.21 TITLE

☐ Change

☐ Addition

13.22 NAME

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13.25 TITLE

☐ Change

☐ Addition

13.26 NAME

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13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 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, or on an attachment with an address.

SIGNATURE: **PRESIDENT**
CARLOS IGLESIAS **1/30/96 (305) 443-6326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

DATE OF FILING

CR2E034 (12/95)