

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 # **K42801** (6)

1. Corporation Name

**F. I. HERNANDEZ, M.D., INC.**



Principal Place of Business

**1414 KUHLE AVE  
ORLANDO FL 32806  
US**

Mailing Address

**1414 KUHLE AVE  
ORLANDO FL 32806  
US**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25** **32806**  
**29** **32806**  
**30** **US**

**40 PAUL GOLDSTEIN  
1414 KUHLE AVENUE  
ORLANDO FL**

3. Date Incorporated or Qualified

**11/02/1988**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**7-2925842**

Applied For

Not Applicable

to of Status Desired

☐

**\$8.75** Additional  
Fee Required

Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**TELLECHEA, ALBERT F.  
AKERMAN, SENTERFITT & EIDSON, P.A.  
FIRSTSTATE TOWER, 255 SOUTH ORANGE AVE  
ORLANDO FL 32802-0231**

81 Name

82

83

84 City

**PAUL GOLDSTEIN  
1414 KUHLE AVENUE  
ORLANDO FL**

**FL**

85

Zip Code  
**32806**

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

*Paul Goldstein*  
Signature, typed or printed name of registered agent for all the applicable blocks.

(NOTE: Registered Agent's signature required when not in block.)

**4/26/96**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	STRACK, GARY J	1414 KUHLE AVE	ORLANDO FL	<input checked="" type="checkbox"/>
SD	HILLENMEYER, JOHN	1414 KUHLE AVE	ORLANDO FL	<input type="checkbox"/>
TD	HODGES, KARL W	1414 KUHLE AVENUE	ORLANDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
PD	JOHN HILLENMEYER	1414 KUHLE AVENUE	ORLANDO FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	GARRY SINGLETON	1414 KUHLE AVENUE	ORLANDO FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	JOHN BOZARD	1414 KUHLE AVENUE	ORLANDO FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	PAUL GOLDSTEIN	1414 KUHLE AVENUE	ORLANDO FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 is 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:

*Paul Goldstein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96**  
DATE

**(407)841-5131**  
Daytime Phone

CR2E034 (12/95)