

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 5:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K55363** (1)

1. Corporation Name:  
**LAZARO GUERRA M.D., P.A.**

Principal Place of Business: **% LAZARO GUERRA M D  
2140 WEST 68TH STREET  
HALEAH FL 33016**

Mailing Address: **% LAZARO GUERRA M D  
2140 WEST 68TH STREET  
HALEAH FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/01/1989** 3a. Date of Last Report: **05/01/1994**

4. FFI Number: **65-0082469** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fees Required**

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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** State: Apt # etc: **22** City & State: **23** Zip: **24** Country: **25**

2a. Mailing Address: **26** State: Apt # etc: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent:  
**GUERRA, LAZARO M D  
2140 WEST 68TH STREET  
HALEAH FL 33016**

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 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_


12. OFFICERS AND DIRECTORS

12.1 TITLE: <b>D</b>	<b>GUERRA, LAZARO M D 2140 WEST 68TH ST. HALEAH FL</b>
12.2 NAME:	
12.3 STREET ADDRESS:	
12.4 CITY & STATE:	
12.5 TITLE:	
12.6 NAME:	
12.7 STREET ADDRESS:	
12.8 CITY & STATE:	
12.9 TITLE:	
12.10 NAME:	
12.11 STREET ADDRESS:	
12.12 CITY & STATE:	
12.13 TITLE:	
12.14 NAME:	
12.15 STREET ADDRESS:	
12.16 CITY & STATE:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME:	
13.3 STREET ADDRESS:	
13.4 CITY & STATE:	
13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME:	
13.7 STREET ADDRESS:	
13.8 CITY & STATE:	
13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME:	
13.11 STREET ADDRESS:	
13.12 CITY & STATE:	
13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME:	
13.15 STREET ADDRESS:	
13.16 CITY & STATE:	

14. I hereby certify that the information furnished on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, 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 receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of a change or removal filing with an address.

SIGNATURE:  **Lazaro Guerra, M.D.** 4/22/95 (305) 557-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR