

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 # **K91328** (0)

1. Corporation Name

**J.R. ARAUZ, M.D., P.A.**



Principal Place of Business

**5340 GULF DRIVE  
SUITE 203  
NEW PORT RICHEY FL 34652  
US**

Mailing Address

**5340 GULF DRIVE  
SUITE 203  
NEW PORT RICHEY FL 34652  
US**

3. Date Incorporated or Qualified  
**05/29/1989**

3a. Date of Last Report  
**05/23/1995**

4. FEI Number

**59-2953466**

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

2. Principal Place of Business

21 **5438 TROUBLE CREEK RD**

Suite, Apt. #, etc.

22

City & State

23 **NEW PORT RICHEY FL**

Zip

24 **34652**

Country

25 **U.S.A.**

2a. Mailing Address

26 **5438 TROUBLE CREEK RD**

Suite, Apt. #, etc.

27

City & State

28 **NEW PORT RICHEY FL**

Zip

29 **34652**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**ARAUZ, J. R.  
5340 GULF DRIVE  
SUITE 203  
NEW PORT RICHEY FL 34652**

81 Name

**ARAUZ, J.R.**

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

**5438 TROUBLE CREEK ROAD**

83

84 City

**NEW PORT RICHEY**

FL

85 Zip Code

**34652**

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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP  
ARAUZ, J.R.**  
STREET ADDRESS **5340 GULF DR. SUITE 203**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **VP  
ARAUZ, ELIZABETH**  
STREET ADDRESS **5340 GULF DRIVE, SUITE 203**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **DP  
ARAUZ, J.R.**  
1.3 STREET ADDRESS **5438 TROUBLE CREEK ROAD**  
1.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VP  
ARAUZ, ELIZABETH**  
2.3 STREET ADDRESS **5438 TROUBLE CREEK ROAD**  
2.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/96** (F13) **846-9163**  
Date Daytime Phone

CR2E034 (12/95)