

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91838 (8)

1. Corporation Name
ORLANDO J. VALDES PH.D., P.A.

Principal Place of Business Mailing Address
**1930 COUNTRY CLUB PRADO
CORAL GABLES FL 33134 1930 COUNTRY CLUB PRADO
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/30/1989	3a. Date of Last Report 07/14/1994
4. FEI Number 65-0128420	5. Certificate of Status Desired <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	7. Certificate of Status Desired <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**VALDES, ORLANDO J.
1930 COUNTRY CLUB PRADO
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
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, 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 obligation of, Section 607.0505, Florida Statutes.
SIGNATURE: *Orlando J. Valdes* *ORLANDO J. VALDES* *6/28/95*

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VALDES, ORLANDO J.
STREET ADDRESS	1930 COUNTRY CLUB PRADO
CITY, ST, ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. AGENTS FOR SERVICE OF PROCESS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 (or receiver) to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, as required, or on an attachment with an address.
SIGNATURE: *Orlando Valdes* *6/28/95* *(315) 379-7678*
SIGNATURE AND TYPED OR PRINTED NAME OF MONITOR OFFICER OR DIRECTOR

CR2E034 (3/95)