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PROFIT: COMPORATION ANNUAL REPORT

SIGNATURE:



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

	1996	
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(2)

LEROY	& VIRELLES, M.D., P.A.			
Principal Place 927 45TH ST W. PALM BE US		Mailing Address 927 45TH ST., #301 9UITE 4 W. PALM BEACH FL	33407	
		US		3. Date Incorporated or Qualified
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0133688 Not Applical
Suite. Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		27		Fee Required
23		Orty & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199,032,
24]	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent
			81 Nan	
SUITE 10 W. Palm	LM BEACH LAKES BLVD. 002 1 BEACH FL 33409		84  <b>U</b> V	et Address (R.C. Box Number is Not Acceptable) VILlage Buro #1  VILLAGE BURO #1  VILLAGE BURO #1  VILLAGE BURO #1
44 5	+ No. 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	00 1007 4500 5: 11 0: 1		
or registere	o trie provisions of Sections 607.Ubled agent, or both, in the State of Flo h, and accept the obligations of, Se	orida. Such change was author	ized by the corporation	corporation submits this statement for the purpose of changing its registered of is board of directors. I hereby accept the appointment as registered agent. I am
familiar with	ed agent, or both, in the state of Fic h, and accept the obligations of, Se	orida. Such change was author ection 607.0505, Florida Statute	nzed by the corporation 98.	i's board of directors. I hereby accept the appointment as registered agent. I am
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ALAN Le Roy MD President 4/25/56