

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L10451 (7)

1. Corporation Name
JUAN A. CASTILLO-PLAZA, M.D., P.A.



Principal Place of Business: % JUAN A. CASTILLO-PLAZA, M.D. 6600 COW PEN RD. STE 310 MIAMI LAKES FL 33014 US
Mailing Address: % JUAN A. CASTILLO-PLAZA, M.D. 6600 COW PEN RD. STE 310 MIAMI LAKES FL 33014-7619 US

3. Date Incorporated or Qualified: 08/18/1989
3a. Date of Last Report: 04/30/1996
4. FEI Number: 65-0138260
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTILLO-PLAZA, JUAN A., M.D.
15800 N W 67TH AVE
SUITE 105
MIAMI LAKES FL 33014

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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: D [] DELETE
12.2 NAME: CASTILLO-PLAZA, JUAN A.
12.3 STREET ADDRESS: 6600 COW PEN RD. STE 310
12.4 CITY-ST-ZIP: MIAMI LAKES FL
12.5 TITLE: [] DELETE
12.6 NAME: [] DELETE
12.7 TITLE: [] DELETE
12.8 NAME: [] DELETE
12.9 TITLE: [] DELETE
12.10 NAME: [] DELETE

13.1 TITLE: [] Change [] Addition
13.2 NAME: [] Change [] Addition
13.3 STREET ADDRESS: [] Change [] Addition
13.4 CITY-ST-ZIP: [] Change [] Addition
13.5 TITLE: [] Change [] Addition
13.6 NAME: [] Change [] Addition
13.7 STREET ADDRESS: [] Change [] Addition
13.8 CITY-ST-ZIP: [] Change [] Addition
13.9 TITLE: [] Change [] Addition
13.10 NAME: [] Change [] Addition
13.11 STREET ADDRESS: [] Change [] Addition
13.12 CITY-ST-ZIP: [] Change [] Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 4/29/97 (305) 8241999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JUAN A. CASTILLO-PLAZA PRESIDENT

CR2E034 (9/96)