FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L31609** **(5)**

1. Corporation Name
BENAVIDES ORTHOPAEDIC, P.A.

Principal Place of Business	Mailing Address
1901 FORGARTY AVENUE KEY WEST FL 33040 US	1901 FOGARTY AVENUE KEY WEST FL 33040 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/22/1989
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business	2a. Mailing Address
21 1205 Calais Lane	26 1205 Calais Lane
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Key West, FL	28 City & State: Key West, FL
24 Zip: 33040 25 Country: Monroe	29 Zip: 33040 30 Country: Monroe

4. FEI Number: 65-0158273 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAIME BENAVIDES, JR. 702 CATHERINE ST. KEY WEST FL 33040	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: Jaime M. Benavides M.D. DATE: 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	BENAVIDES, JAIME M. M.D.	1.2 NAME		
STREET ADDRESS	1205 CALAIS LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP		
TITLE	DT	2.1 TITLE		☐ Change ☐ Addition
NAME	BENAVIDES, JAIME, JR.	2.2 NAME		
STREET ADDRESS	702 CATHERINE ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	DVP	☐ Change ☒ Addition
NAME		3.2 NAME	Nela J. Benavides	
STREET ADDRESS		3.3 STREET ADDRESS	1205 Calais Lane	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	KeyWest, FL 33040	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Jaime M. Benavides M.D. 3/15/95 219-3052
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Jaime M. Benavides, M.D.

0100508 CP