

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 11 PM 1:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L35245 (4)**

**1. Corporation Name  
LUIS C. NAVAS, M.D.P.A.**

**Principal Place of Business Mailing Address  
C/O LUIS C. NAVAS C/O LUIS C. NAVAS  
8080 WEST FLAGLER ST., STE. 1-B 8080 WEST FLAGLER ST., STE. 1-B  
MIAMI FL 33144 MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 12/08/1989 3a. Date of Last Report 05/01/1994**

**4. FEI Number 65-0168071 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**

**2. Principal Place of Business 2a. Mailing Address**  
**21 22 8260 W FLAGLER ST.#2-J 27 8260 W FLAGLER ST.#2-J**  
**23 MIAMI, FL 28 MIAMI, FL**  
**24 33144 25 Country 29 33144 30 Country**

**9. Name and Address of Current Registered Agent  
NAVAS, LUIS C.  
8080 WEST FLAGLER STREET  
SUITE 1-B  
MIAMI FL 33144**

**10. Name and Address of New Registered Agent**  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable) 8260 W FLAGLER ST.#2-J**  
**83**  
**84 City MIAMI, FL 85 Zip Code FL 33144**

**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 re-registering) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>NAVAS, LUIS C.</b>
STREET ADDRESS	<b>8080 W. FLAGLER ST.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	<b>8260 W FLAGLER ST.#2-J</b>
1 4 CITY - ST - ZIP	<b>MIAMI, FL 33144</b>
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 changed, or on an attachment with an address**

**SIGNATURE: Luis C Navas** **04-06-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Number  
**LUIS C. NAVAS, M.D., P/A, Director** **3/29/95** **229-1776**