

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L45697 (4)**

1. Corporation Name

**A.V.F. MEDICAL SERVICES, P.A.**



Principal Place of Business

Mailing Address

**6848 NW 169TH ST  
MIAMI FL 33015**

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MIAMI FL 33015**

3. Date Incorporated or Qualified  
**01/29/1990**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**65-0172286**

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

**FUENTES, AMAURY V.  
6848 NW 169TH ST  
MIAMI FL 33015**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  DELETE  
NAME: **FUENTES, AMAURY V.**  
STREET ADDRESS: **6848 NW 169TH ST**  
CITY-STATE-ZIP: **MIAMI FL**

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-STATE-ZIP:

TITLE: **D**  DELETE  
NAME: **FUENTES, OLGA**  
STREET ADDRESS: **6767 COLLINS AVE., #205**  
CITY-STATE-ZIP: **MIAMI BEACH FL**

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

3.1 TITLE:  Change  Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

4.1 TITLE:  Change  Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

6.1 TITLE:  Change  Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-STATE-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)(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 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (12/95)