

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:01

DOCUMENT # **L52386** (4)

1. Corporation Name  
**ALEJANDRO LOYNAZ, M.D., P.A.**

Principal Place of Business Mailing Address  
**% JORGE CELESTINO BORRON, ESO.**  
**3672 NW 1ST STREET**  
**MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/20/1990** 3a. Date of Last Report **07/26/1994**  
4. FEI Number **65-0177346** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be Added to Fees**  
7. Trust Fund Contribution   
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Subt. Apt. #, etc. 26 Subt. Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BORRON, JORGE**  
**2121 S.W. 3RD AVE., SUITE #400**  
**MIAMI FL 33129**  
*2151 Leguere Road*  
*Suite 202*  
*Local 6040*

10. Name and Address of New Registered Agent  
81 Name **Jorge Borron**  
82 Street Address (P.O. Box Number is Not Acceptable) **2151 Leguere Road Suite 202**  
83  
84 City **Local 6040** FL 85 Zip Code **33134**

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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>LOYNAZ, ALEJANDRO, M.D.</b>
STREET ADDRESS	<b>3672 NW 1ST 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), 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 on (back 12) or (back 13) of this report or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/10/95** TIME: **541-0200**