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**Mar 31 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 # L52386 (4)

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



Principal Place of Business: **% JORGE CELESTINO BORRON, ESQ. 3672 NW 1ST STREET MIAMI FL 33125**

Mailing Address: **255 UNIVERSITY CORAL GABLES FL 33134-6733 US**

3. Date Incorporated or Qualified: **02/20/1990**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business

21 **2601 S.W. 37 Avenue**

22 **Suite 802**

23 **Miami, FL**

24 **33133**

25 **USA**

4. FEI Number: **65-0177346**

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

26 **2601 S.W. 37 Avenue**

27 **Suite 802**

28 **Miami, FL**

29 **33133**

30 **USA**

9. Name and Address of Current Registered Agent
**BORRON, JORGE
255 UNIVERSITY DRIVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name: **Same**

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 607.0305, Florida Statutes.

SIGNATURE: **Jorge Borron** (Signature) **3-26-97** (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOYNAZ, ALEJANDRO, M.D.	
STREET ADDRESS	3672 NW 1ST ST	M
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	2601 S.W. 37 Avenue Suite 802
1.4 CITY-ST-ZIP	Miami, FL 33133
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 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: **Jorge Borron** (Signature) **3/25/97** (Date) **(305) 774-0277** (Daytime Phone #)

CR2E034 (9/96)