

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED

DOCUMENT # **L53152** (9)

1. Corporation Name:
JORGE O. HERNANDEZ, D.D.S., P. A.

SEARCHED - 1 APR 21 1997
SERIALIZED - 1 APR 21 1997
MIAAMI, FLORIDA

Principal Place of Business: **6080 SW 40TH ST. SUITE #8 MIAMI FL 33155**
Mailing Address: **6080 SW 40TH ST. SUITE #8 MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

3. Date by which report is required: **02/27/1990**
3a. Date of Last Report: **04/05/1994**

2. Previous Fiscal Year: 21. Mailing Address: 26. Mailing Address: 4. FET Number: **65-0176914** Applied For: Not Applicable:

22. State: 27. State: 5. Certificate of Status Deemed: \$8.75 Additional Fee Required

23. City & State: 28. City & State: 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. 25. 29. 30. 8. This corporation has liability for intangible tax under S. 199 (a)(2), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **HERNANDEZ, JORGE O. 6080 SW 40TH ST. SUITE #8 MIAMI FL 33155**
10. Name and Address of New Registered Agent: B1 Name: B2 Street Address: B3: B4 City: B5 Zip Code: **FL**

11. I, the undersigned, the person designated in Sections 607.02(2)(c) and 607.11(6)(b), Florida Statutes, the above named corporation, submit the statement for the purpose of changing its registered office or registered agent as set forth 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 a resident of and am a citizen of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS:		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS:	
NAME	DP HERNANDEZ, JORGE O. 5555 SW 146TH AVE. MIAMI FL	1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2 STREET ADDRESS	
CITY & STATE		3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY & STATE		6 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7 NAME	
STREET ADDRESS		8 STREET ADDRESS	
CITY & STATE		9 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY & STATE		12 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13 NAME	
STREET ADDRESS		14 STREET ADDRESS	
CITY & STATE		15 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY & STATE		18 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (7)(a), Florida Statutes. I further certify that the information included in 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 of this report, as required by an attachment with an address.

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

X 4/25/95
Date: _____
Expire Date: _____