

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L53697** (3)

1. Corporation Name
CENTURION, QUINTANA, AND ASSOCIATES, M.D'S, P.A.



Principal Place of Business
**9526 NE 2ND AVE #102
MIAMI SHORES FL 33138
US**

Mailing Address
**255 ALHAMBRA CIR.
SUITE 455
CORAL GABLES FL 33155-6542
US**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **02/26/1990**

3a. Date of Last Report **02/03/1995**

4. FEI Number **65-0173899** 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. 190.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**QUINTANA, JUAN J. M.D.
255 ALHAMBRA CIRCLE
SUITE 455
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0402 and 607.1500, 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 607.0402, Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS

1. TITLE DELETE
NAME **D CENTURION, JOSE J., M.D.**
STREET ADDRESS **932 OBISPO AVE**
CITY, ST, ZIP **CORAL GABLES FL**

2. TITLE DELETE
NAME **D QUINTANA, JUAN A., M.D.**
STREET ADDRESS **5171 PINE TREE DR**
CITY, ST, ZIP **MIAMI BEACH FL**

3. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP Change Addition
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP Change Addition
8. NAME
9. STREET ADDRESS
10. CITY, ST, ZIP Change Addition
11. NAME
12. STREET ADDRESS
13. CITY, ST, ZIP Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP Change Addition
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP Change Addition
20. NAME
21. STREET ADDRESS
22. CITY, ST, ZIP Change Addition

14. I do hereby certify that the information supplied with this 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 as an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 305 754-4848
Date of Filing

CR2E034 (12/95)