FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 24 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L64057** **(7)**

1. Corporation Name
BREAST INSTITUTE OF SOUTH FLORIDA, INC.

Principal Place of Business
% ARMANDO A. SANTELICES, M.D.
7100 W 20 AVE, STE 610
HIALEAH FL 33016

Mailing Address
% ARMANDO A. SANTELICES, M.D.
7100 W 20 AVE, STE 610
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/06/1990**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0193904** — Applied For / Not Applicable
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
City & State (23) — City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
Zip (24) Country (25) — Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SANTELICES, ARMANDO A., M.D.
7100 W 20 AVE
STE 610
HIALEAH FL 33016

10. Name and Address of New Registered Agent
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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SANTELICES, ARMANDO A.	1.2 NAME		
STREET ADDRESS	4540 N BAY RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	CASALES, VIVIAN	2.2 NAME	14100 E PALOMINO DR	
STREET ADDRESS	3100 WEST 70TH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	DAVIE Fl 33330	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SANTELICES, AURELIO J.	3.2 NAME		
STREET ADDRESS	14100 E PALOMINO DR	3.3. STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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: X Vivian S Casales VIVIAN S CASALES X 4/18/95 X (305) 820 4474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Continue on