## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

•	JAL REPORT 1997	DIVISI	Secretary of State ON OF CORPORATIONS	Secretai	ry of State
OCUN Corporation BREAST	MENT # L6405 Name INSTITUTE OF SOUTH	FLORIDA, INC.			
Principa" Piace of Business 4 Armando A. Santelices, M.D. 100 w 20 Ave. Ste 610 Naleah Fl. 33016		Mailing Address % ARMANDO A. ( 7100 W 20 AVE. I HIALEAH FL 3301	SANTELICES. M.D. STE 810		
				3. Date Incorporated or Qualified 04/06/1990	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
, Principal Pi	race of Business	2a. Mailing Addr	ess	4. FE1 Number 65-0193904	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #,	etc.		\$8.75 Additional
L	W	27	·n	5. Certificate of Status Desired	Fee Required
- City & State ]	é	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<u>Z</u> ip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for it	intanoible tex under s. 199 032.
	25	29	30	Florida Statutes	Yes No
Mar.	9, Name and Address of Cu		81 Name	10. Name and Address of New Re	gistered Agent
	ITELICES, ARMANDO A., M.D D W 20 AVE	J.			
7100 W 20 AVE STE 610			B2 Street A	ddress (P.O. Box Number is Not Acceptab	ole)
	EAH FL 33016		83	······································	i
			1 1		
			RA City		ISE   Zin Code
1. Pursuant t	to the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607 1508, Florid State of Florida, Such chan	da Statutes, the above-named of the corporate of the corp	corporation submits this statement for the poration's board of directors. I hereby accep	purpose of changing its registered the appointment as registered
GNATURE	Signature, typed or printed name of registere	ad agent and the if applicable	da Statutes, the above-named or go was authorized by the corpo 0505, Florida Statutes.  (NOTE: Registered Agent signature in		purpose of changing its registered of the appointment as registered
IGNATURI	Signature, typed or proted name of repisters  OFFICERS	ed agent and the if applicable B AND DIRECTORS	da Statutes, the above-named of ge was authorized by the corposition of the corposition o	equited when reinstaling)  ADDITIONS/CHANGES TO OFFIC	DATE  DATE  DATE  DATE  DATE  DATE  DATE  DERS AND DIRECTORS IN 12
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SIGNATURE: Laure Scasely Viving S CASA/61 4/1/97 (308) 6571600

**FILED** 

Apr 22 1997 8:00am