

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L64112** (0)

1. Corporation Name
MIRIAM GARCIA-PORTELA, M.D., P.A.



Principal Place of Business Mailing Address
3431 S.W. 3RD STREET MIAMI FL 33135

3. Date Incorporated or Qualified 04/06/1990	3a. Date of Last Report 01/25/1995
4. FEI Number 65-0182202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GARCIA-PORTELA, MIRIAM, M.D., P.A.
3431 S.W. 3RD STREET
MIAMI FL 33135**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P GARCIA-PORTELA, MIRIAM	12. NAME
STREET ADDRESS 3431 S.W. 3RD ST.	13. STREET ADDRESS
CITY-ST-ZIP MIAMI FL	14. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	2. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22. NAME
STREET ADDRESS	23. STREET ADDRESS
CITY-ST-ZIP	24. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	32. NAME
STREET ADDRESS	33. STREET ADDRESS
CITY-ST-ZIP	34. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42. NAME
STREET ADDRESS	43. STREET ADDRESS
CITY-ST-ZIP	44. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52. NAME
STREET ADDRESS	53. STREET ADDRESS
CITY-ST-ZIP	54. CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	6. 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62. NAME
STREET ADDRESS	63. STREET ADDRESS
CITY-ST-ZIP	64. 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: DATE: **1-31-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)