

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Murrain  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY - 1 1995

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L75308**

(1)

1. Corporation Name

**EDUARDO I. MARICHAL, M.D., P.A.**

PLEASE WRITE IN THIS SPACE

Principal Name of Registrant: **% EDUARDO I. MARICHAL**  
6440 WEST NEWBERRY ROAD, SUITE 502  
GAINESVILLE FL 32605-1378

Mailing Address: **% EDUARDO I. MARICHAL**  
6440 WEST NEWBERRY ROAD, SUITE 502  
GAINESVILLE FL 32605-1378

3. Date Incorporated (or Qualified): **05/22/1990**      3a. Date of Last Report: **04/27/1994**

2. Previous Report of Business: **21**      2a. Mailing Address: **26**      4. FEI Number: **59-3004963**      Applied For:  Not Applicable

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

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

24. Zip: **25**      29. Zip: **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: **MARICHAL, EDUARDO I. 6440 WEST NEWBERRY ROAD, SUITE 502 GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent:

B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 \_\_\_\_\_  
B4 City: \_\_\_\_\_ FL B5 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>P MARICHAL, EDUARDO I.</b>	12.2 STREET ADDRESS: <b>9624 SW 54TH RD</b>	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY, ST, ZIP: <b>GAINESVILLE FL</b>		13.2 NAME: _____	
12.4 NAME: _____		13.3 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: _____		13.4 CITY, ST, ZIP: _____	
12.6 CITY, ST, ZIP: _____		13.5 NAME: _____	
12.7 NAME: _____		13.6 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS: _____		13.7 CITY, ST, ZIP: _____	
12.9 CITY, ST, ZIP: _____		13.8 NAME: _____	
12.10 NAME: _____		13.9 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: _____		13.10 CITY, ST, ZIP: _____	
12.12 CITY, ST, ZIP: _____		13.11 NAME: _____	
12.13 NAME: _____		13.12 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS: _____		13.13 CITY, ST, ZIP: _____	
12.15 CITY, ST, ZIP: _____		13.14 NAME: _____	
12.16 NAME: _____		13.15 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS: _____		13.16 CITY, ST, ZIP: _____	
12.18 CITY, ST, ZIP: _____		13.17 NAME: _____	
12.19 NAME: _____		13.18 STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 STREET ADDRESS: _____		13.19 CITY, ST, ZIP: _____	
12.21 CITY, ST, ZIP: _____		13.20 NAME: _____	

14. I declare by certifying that the information supplied with this filing is voluntarily furnished and does not comply for this filing as stated in law (see 191.02 (9)(b), Florida Statutes). I further certify that the information included 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 the report as required by Chapter 191, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *E. Marichal*      5-1-95      904 333 5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR