FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 9:28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

DOCUMENT # **L84613** **(3)**

1. Corporation Name

LILLIAM SANABRIA, M.D., P.A.

Principal Place of Business	Mailing Address
11440 N KENDALL DR SUITE 303 MIAMI FL 33176	11440 N KENDALL DR SUITE 303 MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/02/1990	3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0200580	Applied For / Not Applicable
5. Certificate of Status Desired: X	$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. 199.032, Florida Statutes	Yes / No

2. Principal Place of Business 21 — 2a. Mailing Address 26

Suite, Apt. #, etc. 22 — Suite, Apt. #, etc. 27

City & State 23 — City & State 28

Zip 24 — Country 25 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SANABRIA, LILLIAM 11440 N KENDALL DR STE 308 MIAMI FL 33176	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

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	PD	TITLE	Change / Addition
NAME	SANABRIA, LILLIAM	NAME	
STREET ADDRESS	11440 N KENDALL DR., STE. 308	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	ST	TITLE	Change / Addition
NAME	SANABRIA, LILLIAM	NAME	
STREET ADDRESS	11440 N KENDALL DR., STE. 308	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	Change / Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(i), 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: Lilliam Sanabria M.D., P.A. — 4-28-95 — 305-279-8128.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0193676 CP