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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham P

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L84613

(3)

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

FILED Mar 25 1997 8:00am Secretary of State



Procipa Place	rof Blavii ting	Mailing Address							· #+#+: 148;
11440 N KENDALL DR 11440 N KENDALL			PR						
308 Miami FL 33170	8	308 Miami Fl 33176-1025							
US		US				3. Date Incorporated or Qualified 07/02/1990 3a. Date of Last Report 04/15/1996			
2. Priecipal P.	ase of Business	2a. Mailing Address				4. FEI Number	1		pplied For
1		26				65-0200580	/	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #r, etc.			5. Certificate of Status Desired \$8.75 Additional			
2   27   City & State   City & State						Fee Required			
3	:	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
21 - Žij	Corentry	7 <sub>(p)</sub>	Cou	Country		This corporation has liability for intangible tax under s. 199,032,			
4	25 29					Florida Statutes Yes No			
	9. Name and Address of Cur	rrent Registered Agent			T	10. Name and Address of New Re	jistered /	igent	
	ABRIA, LILLIAM			81	Name				
11440 N KENDALL DR				82 Street Address (P.O. Box Number is Not Acceptable)					
STE				83					
MIAN	MI FL 33176			53					
				84	City		FL	85 Zip	Code
11 Pursuinut t	a the name signs of Scalings 600	0562 and 607 1508. Florida Stat	utes the a	DOV4	e-parned cor	rporation submits this statement for the p		changing	its registered
office or o	gistered agent or both, in the S	tate of Florida, Such change was	s authorize	d by	y the corpora	ation's board of directors. I hereby accep	t the app	ointment as	s registered
			Florida Sta	tutes	S.	1.1	- <b>-</b> 7		
SIGNATOR	s ayo. tgi i ita i a ta i ta i a	La profesió hater approvió le (Na	O'E Registeru	d Age	eof signature requ	uired when teinstating)	DATE.		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
*III;	PD	DELETE	1.130	TLF				Change	Addition
MW.	SANABRIA, LILLIAM			AME					
STREET ACTORS SO	11440 N KENDALL DR., ST	E. 308	1.3 \$	TAEET	ADDRESS				
01) Si Ziji	MIAMI FL	FCATT			SI - ZIP			<del></del>	<b>— —</b>
! II.f	st Sanabria, Lilliam	DELETE		2.1 TITLE				Change	Addition
MAM;	11440 N KENDALL DR., ST	TE 202	2.2 N						
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hAV		L.,I CALCIT	6.2 N		}			Change	b 7 10001101
STREET ADDRESS.					ADDRESS				
tilles 78					ST - ZIP				
<b>14.</b> Las Ferci	y certify that the information sup-	plied with this filing does not qua	alify for the	exe	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	t the
Laur an of	later of director of the comoratio	n or the receiver or trustee <b>em</b> or	owered to a	acci exec	urate and the oute this repi	at my signature shall have the same lega ort as required by Chapter 607, Florida S	i effect as tatutes la	at made ur nd that my	nder oath; the name
аррсавл	Block 12 or Block 13 if change	d, or on an attachment with an a	iddress.	•					

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR