FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # L86348 (4)

1. DR. JOSE OJEA, M.D., P.A.

Principal Office Address
C/O DR. JOSE OJEA
6680 LANTANA RD., SUITE 3
LAKE WORTH FL 33467

Mailing Address
C/O DR. JOSE OJEA
6680 LANTANA RD., SUITE 3
LAKE WORTH FL 33467

3. Date Incorporated/Organized: 07/09/1990
3a. Date of Last Report: 04/05/1994

4. FEI Number: 65-0202093 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
OJEA, JOSE DR.
12087 OLD COUNTRY ROAD
WELLINGTON FL

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6 Kepner Drive
83
84 City: Boynton Beach FL 85 Zip Code: 33435

11. [illegible] I hereby accept the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent. I further certify that I am familiar with and shall comply with the provisions of Chapter 607, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OJEA, JOSE DR.
STREET ADDRESS	12087 OLD COUNTRY ROAD
CITY, ST, ZIP	WELLINGTON FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 Florida Statutes; and that my name appears above, or on an attachment with an asterisk, and that my name appears in block 12 or 13 of the report as an officer or director.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF BONA FIDE OFFICER OR DIRECTOR

0272084 CP