

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

55 MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M01376** (6)

INDEPENDENT MEDICAL ASSOCIATION OF DADE, INC.

4646 W 4TH AVE
HIALEAH FL 33012

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HIALEAH FL 33012

(PLEASE PRINT IN THIS SPACE)

3. Date of Incorporation (or date of
06/06/1984) 3a. Date of Last Report
04/19/1994

4. FEI Number
59-2429242 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. This corporation has liability for intangible tax under s. 193.032
Florida Statutes Yes No

2. Previous Year's FEI Number

2a. Mailing Address

21. State Agent's Office

27. State Agent's Office

22. City Address

28. City Address

23. Zip

25. County

29. Zip

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAVEZ, PEDRO
4646 W 4TH AVE
HIALEAH FL 33012**

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 193.032 and 193.033 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of office 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 s. 193.032 Florida Statutes.

SIGNATURE *Pedro Chavez*

5-8-95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME STREET ADDRESS CITY, STATE, ZIP	PD CHAVEZ, AMADA 3011 JASPER WAY MIRAMAR FL
12.2 NAME STREET ADDRESS CITY, STATE, ZIP	VT CHAVEZ, PEDRO 3011 JASPER WAY MIRAMAR, F.
12.3 NAME STREET ADDRESS CITY, STATE, ZIP	
12.4 NAME STREET ADDRESS CITY, STATE, ZIP	
12.5 NAME STREET ADDRESS CITY, STATE, ZIP	
12.6 NAME STREET ADDRESS CITY, STATE, ZIP	
12.7 NAME STREET ADDRESS CITY, STATE, ZIP	

13.1 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicates a bona fide 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. I am an officer or director of the corporation or the person or persons empowered to execute the report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Pedro Chavez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-95 (304) 521-7587