

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:13

DOCUMENT # M03120 (6)

1. Corporation Name
FRANCISCO L. PADRON, M.D., P.A.

Principal Place of Business: **9100 CORAL WAY SUITE 1 MIAMI FL 33165 US**
Mailing Address: **9100 CORAL WAY SUITE 1 MIAMI FL 33165 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1984	3a. Date of Last Report 01/25/1994
4. FEI Number 59-2428702	Applied For Just Application
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of Now Registered Agent	
PADRON, FRANCISCO L., M.D. 279 MARINERO CT. CORAL GABLES FL 33143		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL
	85. Zip Code		

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office and 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 understand the provisions of Sections 607.0605, Florida Statutes.

SIGNATURE: *[Signature]* 01/11/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PD PADRON, FRANCISCO L., MD	1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. STREET ADDRESS 279 MARINERO CT.	2. STREET ADDRESS		
3. CITY & STATE CORAL GABLES FL	3. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. NAME	4. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. STREET ADDRESS	5. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. CITY & STATE	6. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
7. NAME	7. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
8. STREET ADDRESS	8. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. CITY & STATE	9. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
10. NAME	10. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11. STREET ADDRESS	11. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12. CITY & STATE	12. CITY & STATE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntary, true and correct, and that the corporation shall have the same liability for such under oath that I, as an officer or director of the corporation, if the return or statement prepared by me were filed as required by Chapter 218, Florida Statutes, and that my name appears in Block 12 of a changed or an annual report with an address.

SIGNATURE: *[Signature]* 01/11/95 (305) 885-1095
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Francisco L. Padron