

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

FILED

**Mar 13 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # M15279 (6)

1. Corporation Name
MANUEL M. GONZALEZ, M.D., P.A.



Principal Place of Business: **1500 SW 27 AVE. MIAMI FL 33145**
Mailing Address: **1500 SW 27 AVE. MIAMI FL 33145-2043**

3. Date Incorporated or Qualified: **05/13/1985**
3a. Date of Last Report: **05/20/1996**

2. Principal Place of Business:
21 **330 S.W. 27 Ave.**
22 **204**
23 **Miami, FL**
24 **33135** 25 **USA**
2a. Mailing Address:
26 **330 SW 27 Ave.**
27 **204**
28 **Miami, FL**
29 **33135** 30 **USA**

4. FEI Number: **59-2537728**
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CABALLERO, EMILIO C.
1647 S.W. 27 AVENUE
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name: **Manuel Gonzalez, M.D.**
82 Street Address (P.O. Box Number is Not Acceptable): **330 SW 27 Ave., Suite 204**
83
84 City: **Miami** 85 Zip Code: **FL 33135**

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: *Manuel Gonzalez* **MANUEL M. GONZALEZ, M.D.** DATE: **3/1/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MANUEL M., MD	
STREET ADDRESS	1500 S.W. 27 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	330 SW 27 Ave, Suite 204	
1.4 CITY - ST - ZIP	Miami, FL 33135	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *Manuel Gonzalez* DATE: **3/1/97** DAYTIME PHONE #: **305-644-0060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)