

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

'95 APR 17 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M24640 (8)**

1. Corporation Name
GABRIEL SANCHEZ, M.D., P.A.

Principal Place of Business Mailing Address
201 NW 82ND AVE. #305 PLANTATION FL 33324 **201 NW 82ND AVE. #305 PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/16/1985** 3a. Date of Last Report **05/10/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	12651 W. Sunrise Blvd	26	12651 W. Sunrise Blvd	59-2620604		Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
304		304		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
SUNRISE FLORIDA		SUNRISE FLORIDA					
Zip	County	Zip	County				
33323	BROWARD	33323	BROWARD				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANCHEZ, GABRIEL 8251 W. BROWARD BLVD. SUITE 408 PLANTATION FL 33324				81 Name	Sanchez Gabriel		
				82 Street Address (P.O. Box Number is Not Acceptable)	12651 W. Sunrise Blvd		
				83	# 304		
				84 City	SUNRISE	FL	85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DOP	1.1 TITLE	DOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, GABRIEL	1.2 NAME	SANCHEZ GABRIEL
STREET ADDRESS	4302 W BROWARD BLVD.#100	1.3 STREET ADDRESS	12651 W. Sunrise Blvd #304
CITY - ST - ZIP	PLANTATION FL	1.4 CITY - ST - ZIP	SUNRISE FLORIDA 33323
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 (changed), or certain attachment with an address.

SIGNATURE: **X Gabriel Sanchez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95
(Date)