

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M24640** (8)

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



Principal Place of Business

12651 W SUNRISE BLVD  
SUITE 304  
SUNRISE FL 33323  
US

Mailing Address

12651 WEST SUNRISE BLVD  
SUITE 304  
SUNRISE FL 33323  
US

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/16/1985</b>   | 3a. Date of Last Report<br><b>04/17/1995</b> |
| 4. FEI Number<br><b>59-2620604</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 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

21 Subst. Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip

30 Country

g. Name and Address of Current Registered Agent

**SANCHEZ GABRIEL  
12651 WEST SUNRISE BLVD  
SUITE 304  
SUNRISE FL 33323**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

11. Pursuant to the provisions of Sections 607.0507 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 607.0507, Florida Statutes.

SIGNATURE: X *Gabriel Sanchez*

2/2/96

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>DOP</b> <input checked="" type="checkbox"/> DELETE | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SANCHEZ, GABRIEL</b>                               | 2. NAME   |   |
| STREET ADDRESS             | <b>4302 W BROWARD BLVD.#100</b>                       | 1. STREET ADDRESS                                     |   |
| CITY, ST, ZIP              | <b>PLANTATION FL</b>                                  | 14. CITY, ST, ZIP                                     |   |
| TITLE                      | <input type="checkbox"/> DELETE                       | 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                      | <input type="checkbox"/> DELETE                       | 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                      | <input type="checkbox"/> DELETE                       | 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                      | <input type="checkbox"/> DELETE                       | 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                      | <input type="checkbox"/> DELETE                       | 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)(k), 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 been attached with an address.

SIGNATURE: X *Gabriel Sanchez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

(305) 845-9933

ISSUE PRICE

CR2E034 (12/95)