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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

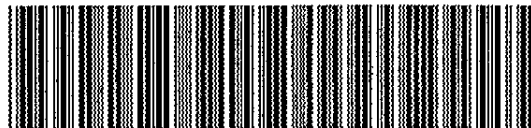
(Business Entity Name)

(Document Number)

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CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # M24640 (8)**
GABRIEL SANCHEZ, M.D., P.A.
201 MY 82ND AVE STE 305
PLANTATION FL 33324-1841

DO NOT WRITE IN THIS SPACE

2. Mailing Address: [21] [22] [23] [24]
2a. Principal Place of Business: [26] [27] [28] [29] [30]
FILING FEE \$200.00 ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date incorporated or organized: **12/16/1985**
3a. Date of first annual report: **04/16/1992**
4. FEI Number: **592620604**
5. Certificate of Status Desired: []

\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
\$138.75 is Supplemental Fee Not Reported

9. Name and Address of Current Registered Agent:
SANCHEZ, GABRIEL
8251 W. BROWARD BLVD.
SUITE 406
PLANTATION FL 33324

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL**
85. Zip Code:
86. City:

11. Pursuant to the provisions of Sections 607.0202 and 607.1508 or Sections 617.0505 and 617.1508, Florida Statutes, the above named corporation hereby certifies that the person named as its registered agent or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors and that this appointment is registered with and accepts the obligations of Section 607.0202, Florida Statutes.

12. OFFICERS AND DIRECTORS

NAME	D/O/P
ADDRESS	SANCHEZ, GABRIEL
CITY	4302 W BROWARD BLVD. #100
STATE	PLANTATION FL

13. OFFICERS AND DIRECTORS CHANGE

NAME	
ADDRESS	
CITY	
STATE	

14. I, the undersigned, certify that the information furnished on this annual report or supplemental report is true and correct and that my signature on this report certifies that the information is true and correct. I am the officer or director of the corporation or the registered agent or both of the corporation and I am responsible for the accuracy of the information furnished on this report. I am a resident of the State of Florida and I am a resident of the State of Florida.
SIGNATURE: *Gabriel Sanchez* DATE: **3-05-93**
Print Name of Officer, Director, or Registered Agent: **GABRIEL SANCHEZ M.D.** Title: **M.D.** (305) **476-1121**