

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

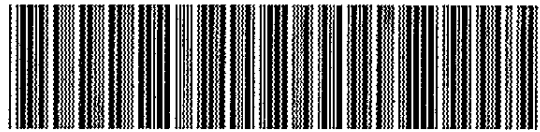
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500037613895

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



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

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILES

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1 Name and Mailing Address of Corporation **DOCUMENT #M24640 (8)**
ZIP + 4 PRESORT
GABRIEL SANCHEZ, M.D., P.A.
8251 W. BROWARD BLVD.
SUITE 406
PLANTATION, FL. 33324-2707

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21	Street Address
22	P.O. Box No.
23	City and State
24	Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified To Do Business in Florida 12/16/1985	4 FEI Number 59-2620604	FEI Number Applied For	5 \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		FEI Number Not Applicable	

5 Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)			
1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/O/P	SANCHEZ, GABRIEL	4302 W BROWARD BLVD. #100	PLANTATION, FL
1x			
2			
2x			
3			
3x			
4			
4x			
5			
5x			
6			
6x			

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent SANCHEZ, GABRIEL 8251 W. BROWARD BLVD. SUITE 406 PLANTATION, FL. 33324	8 Name and Address of New Registered Agent
	81 Name
	82 Street Address 1 (Do NOT Use P.O. Box Number)
	83 Street Address 2 (Do NOT Use P.O. Box Number)
	84 City (85) Zip Code FL

I, 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 or registering officer 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10 I 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. I further certify 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 5 or on an attachment with an address.

SIGNATURE <i>Gabriel Sanchez</i>	DATE
Typed Name of Signing Officer or Director Gabriel Sanchez	Title PRESIDENT
Telephone Number Daytime (305) 476-1191	

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status