

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

9 MAY - 1 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M51054** (8)

1. Corporation Name:  
**JOSE A. BERRIOS OF FONTAINEBLEAU PARK, M.D., PA.  
.A.**

Principal Place of Business: **9624 FOUNTAINEBLEAU BLVD.  
MIAMI FL 33172**  
Mailing Address: **9624 FOUNTAINEBLEAU BLVD.  
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/27/1987</b>	3a. Date of Last Report <b>03/03/1994</b>
4. FEI Number <b>65-0122245</b>	Applying for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for delinquency fees under 1994 (1995) Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. State: Apt. # etc. 22. City & State	2b. Mailing Address 26. State: Apt. # etc. 27. City & State
24. City	25. State
29. City	30. State

9. Name and Address of Current Registered Agent

**BERRIOS, JOSE A.  
9624 FOUNTAINBLEAU BLVD.  
MIAMI FL 33172**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office or registered agent is true in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. My service will continue until the expiration of the term of 2 years, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS	13. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS
1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP

14. I do hereby certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 601.02(1)(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 personally. 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 or Block 14 changed or as an attachment with an address.

SIGNATURE: *Jose A. Berrios*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
**JOSE A. BERRIOS, PRESIDENT**

*4/27/98* *X(300) 5520109*