

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra H. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M54359 (8)

1. Corporation Name:
IVAN A. MONTOYA M.D., P.A.



Principal Place of Business: **251 CRANDON BLVD KEY BISCAIYNE FL 33149**
Mailing Address: **251 CRANDON BLVD KEY BISCAIYNE FL 33149**

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address:
26 P. O. Box 1168
27 State, Apt. #, etc.
28 City & State: **Key Biscayne, FL**
29 33149
30 County: **DADE**

3. Date Incorporated or Qualified: **06/23/1987**
3a. Date of Last Report: **03/31/1995**
4. FET Number: **59-2812596**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent:
**BECCER, THEODORE
177 OCEAN LANE DRIVE, #514
KEY BISCAIYNE FL 33149**

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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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, Sections 607.0502, 607.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETED
NAME	MONTOYA, IVAN A.	
STREET ADDRESS	251 CRANDON BLVD	
CITY, ST, ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information submitted in this filing is a primary filing and I do not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information submitted for this filing is required or supplemental annual report is true and I am a director and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, its receiver or trustee, or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or agent with an address.

SIGNATURE: *Ivan Montoya* **Ivan Montoya** 5-11-96 (206) 54-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)