

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M54387 (9)**

1. Corporation Name  
**LOURDES M. TRIGO, M.D., P.A.**



Principal Place of Business: **10070 N.W. 51 LANE MIAMI FL 33178**  
Mailing Address: **10070 N.W. 51 LANE MIAMI FL 33178**

2. Principal Place of Business  
21 **SmithKline Beecham Clinical Labs**  
Suite, Apt. #, etc.  
22 **10200 Commerce Parkway**  
City & State  
23 **Miramar, Florida**  
Zip Country  
24 **33025** 25 **USA**

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified: **06/23/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2814851**  
Applied For:  Not Applicable  
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  
**TRIGO, LOURDES M.  
10070 N.W. 51 LANE  
MIAMI FL 33178**

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Loures M. Trigo, Lourdes M. Trigo, President* 7/30/96  
Signature of principal place of business: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of registered agent: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PDV	<input checked="" type="checkbox"/> DELETE
NAME	TRIGO, LOURDES M.	
STREET ADDRESS	<del>851 E 25 ST HIALEAH HOSP</del>	
CITY-ST-ZIP	<del>HIALEAH FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TRIGO, Lourdes M.	
13 STREET ADDRESS	10070 NW 51 LANE	
14 CITY-ST-ZIP	Miami, FL 33178	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*225.00

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 on an attachment with an address.

SIGNATURE: *Loures M. Trigo, Lourdes M. Trigo* 7/30/96 (305) 930-5227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
05 9/12/96

CR2E034 (12/95)