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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **M55681** (4)
1. Corporation Name
LUIS C. QUINTERO M.D. P.A.

Principal Place of Business: **420 S. DIXIE HWY., STE. 4-E CORAL GABLES FL 33146**
Mailing Address: **420 S. DIXIE HWY., STE. 4-E CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/17/1987** 3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-2830195** 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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. City: 25. County: 29. Zip: 30. County:

9. Name and Address of Current Registered Agent
**QUINTERO, LUIS C.
420 S. DIXIE HWY., STE. 4-E
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.01(2) and 607.1008, 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 607.01(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 NAME: PSTD QUINTERO, LUIS C.	12-2 STREET ADDRESS: 420 S. DIXIE HWY. STE. 4E	13-1 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-3 STREET ADDRESS: CORAL GABLES FL 33146	12-4 CITY, ST, ZIP: _____	13-2 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-5 NAME: _____	12-6 STREET ADDRESS: _____	13-3 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-7 STREET ADDRESS: _____	12-8 CITY, ST, ZIP: _____	13-4 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-9 NAME: _____	12-10 STREET ADDRESS: _____	13-5 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-11 STREET ADDRESS: _____	12-12 CITY, ST, ZIP: _____	13-6 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-13 NAME: _____	12-14 STREET ADDRESS: _____	13-7 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12-15 STREET ADDRESS: _____	12-16 CITY, ST, ZIP: _____	13-8 NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), Florida Statutes. I further certify that the information included in this annual report or supplementary 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 for the period of time represented to cover in this report as required by Chapter 1997, Florida Statutes, and that my name appears in Block 12 or Block 13 of attached or on an Attachment with an address.

SIGNATURE: *Luis C. Quintero* 4-28-95 666-4963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.