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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:12

DOCUMENT # **M64032** (9)

1. Corporation Name

ROBERT A. MANGASARIAN, M.D., P.A.

Principal Place of Business	Mailing Address
~~C/O CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD SUITE 1800 MIAMI FL 33131~~	~~C/O CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD SUITE 1800 MIAMI FL 33131~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 Sheehe & Venditelli	2a. Mailing Address	26 Sheehe & Venditelli
Suite, Apt. #, etc.	22 Suite 1800 201 S. Biscayne Blvd.	Suite, Apt. #, etc.	27 Suite 1800 201 S. Biscayne Blvd.
City & State	23 Miami, FL	City & State	28 Miami, FL
Zip / Country	24 33131 / 25 USA	Zip / Country	29 33131 / 30 USA

3. Date Incorporated or Qualified: 12/24/1987
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0023602 — ☐ 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**

~~SHEEHE & VENDITTELLY PA~~
~~201 S BISCAYNE BLVD SUITE 1800~~
~~MIAMI FL 33131~~

Isela Sotolongo
4649 Ponce de Leon
Coral Gables Fl
33146

10. **Name and Address of New Registered Agent**

81 Name: Isela Sotolongo
82 Street Address (P.O. Box Number is Not Acceptable): 4651 Ponce de Leon Suite 300
83
84 City: Coral Gables 85 FL Zip Code: 33146

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 Isela Sotolongo 3/2/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MANGASARIAN, ROBERT A.	1.2 NAME	
STREET ADDRESS	5000 UNIVERSITY DRIVE	1.3 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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: Robert Mangasarian MD 4/17/95 661-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0128714 CP