FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # P93000021741 (2)

1. Corporate Name
CORTEZ FAMILY CLINIC, P.A.

Principal Place of Business
5591 CORTEZ ROAD WEST
BRADENTON FL 34280

Mailing Address
P.O. BOX 14520
BRADENTON FL 34280

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): 03/23/1993
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

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

4. FEI Number: 65-0411817 — 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 elected to integrate its under S. 607.0802, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
NARVAEZ, ADOLFO L
5591 CORTEZ RD WEST
BRADENTON FL 34280

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 Section 607.0501, 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 hereby accept the obligations of Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

DPST
NARVAEZ, ADOLFO L
5591 CORTEZ ROAD WEST
BRADENTON FL 34280

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS — [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is accurate and complete, and that I am familiar with the requirements of Section 607.0501, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report filed with this report is true and correct, 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 person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is added herein with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADOLFO NARVAEZ MD PRES

5/1/95 (813) 795-4206
Date Daytime Phone

0496094 FP