

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

APPROVED AND FILED

MAY 1 1995 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000040568 (6)

1. Corporation Name
MARIO LOPEZ, DC, PA

Principal Name of Business

**8260 W. FLAGLER ST.
SUITE 2-N
MIAMI FL 33144
US**

Mailing Address

**8260 W. FLAGLER ST.
SUITE S-N
MIAMI FL 33144
US**

DO NOT WRITE IN THIS SPACE

2. Previous Fiscal Year End		2a. Mailing Address		3. Date Report Expires or Graduated		3a. Date of Last Report	
21		26		06/08/1993		02/22/1994	
22. State App # of		27. State App # of		4. FEI Number		Agreed Fee	
22		27		65-0416080		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
24. At County		29. At County		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
24		29		Trust Fund Contribution		<input type="checkbox"/>	
25		30		7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOPEZ, MARIO 3 ATLANTIC AVENUE KEY LARGO FL 33037				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 Sections 607.0105 and 607.1506, 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. Any change was authorized by the corporation's board of directors. I hereby certify that I am qualified as registered agent. I am familiar with and accept the complete and correct filing of this Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND OTHER PERSONS	
TITLE	PD LOPEZ, MARIO 3 ATLANTIC AVE. KEY LARGO FL 33037	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, not equal to the requirements stated in Section 199.032, Florida Statutes. I further certify that the information included 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 liquidator thereof. I am filing 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 individual with an address.

SIGNATURE: _____ DATE: 5/1/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 305 221 9700