

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL -6 PM 1:15

DOCUMENT # *P930000 44448*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WEST KENDALL MEDICAL ASSOCIATION INC.

10000153061
-07/10/95--01016--017

****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
*12870 South West 8 ST.
MIAMI, FL. 331*

3. Date Incorporated or Qualified *JUNE 23 - 93* 3a. Date of Last Report *1994*

2. Principal Place of Business 21 <i>SAME</i>	2a. Mailing Address 26 <i>SAME</i>	4. FEI Number <i>65-0417439</i>	Applied For Not Applicable
22 Suits, Apt. #, etc.	27 Suits, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
26 Zip	27 Country	31 Zip	32 Country

9. Name and Address of Current Registered Agent <i>VIRGINIA PONCE DIAZ 12870 S.W. 8 ST. MIAMI FL. 33184</i>	10. Name and Address of New Registered Agent 81 Name <i>LAZARO HERNANDEZ</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>17040 SW 48 ST.</i> 83 84 City <i>DAVID, FL.</i> 85 Zip Code <i>33331</i>
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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 *LAZARO HERNANDEZ - Register Agent & President.* DATE *June-16-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VIRGINIA PONCE DIAZ - P. 12870 SW 8 ST. MIAMI FL. 33184</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<i>PRESIDENT LAZARO HERNANDEZ 17040 SW 48 ST. DAVID FL. 33331</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>ODALYS AGUIERO - V. 13645 SW 26 ST MIAMI FL. 33175</i>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<i>Vice-President MARTA R. GONZALEZ 2740 NW 99 ST. MIAMI FL. 33147</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>JENNY AGUIERO - S. 13645 SW 26 ST. MIAMI FL. 33175</i>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<i>SECRETARY MARTA R. GONZALEZ 2740 NW 99 ST MIAMI FL. 33147</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<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 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 in Block 13 if accompanied with an address.

SIGNATURE: *MARTA R. GONZALEZ - Secretary* Date *06-15-95* *305-224-1955*