

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.

100001533061
-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*
4. FEI Number *65-0417439* 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 2a. Mailing Address
21 *SAME* 26
Suits, Apt. #, etc. Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent
*VIRGINIA PONCE DIAZ
12870 S.W. 8 ST.
MIAMI FL. 33184.*

10. Name and Address of New Registered Agent
81 Name *LAZARO HERNANDEZ*
82 Street Address (P.O. Box Number is Not Acceptable) *17040 SW 48 ST.*
83
84 City *DAVID, FL.* 85 Zip Code *33331*

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

TITLE	<i>VIRGINIA PONCE DIAZ - P.</i>
NAME	<i>VIRGINIA PONCE DIAZ - P.</i>
STREET ADDRESS	<i>12870 SW 8 ST.</i>
CITY - ST - ZIP	<i>MIAMI FL. 33184</i>
TITLE	<i>ODALYS AGUIERO - V.</i>
NAME	<i>ODALYS AGUIERO - V.</i>
STREET ADDRESS	<i>13645 SW 26 ST.</i>
CITY - ST - ZIP	<i>MIAMI FL. 33175</i>
TITLE	<i>JENNY AGUIERO - S.</i>
NAME	<i>JENNY AGUIERO - S.</i>
STREET ADDRESS	<i>13645 SW 26 ST.</i>
CITY - ST - ZIP	<i>MIAMI FL. 33175</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<i>PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<i>LAZARO HERNANDEZ</i>
3. STREET ADDRESS	<i>17040 SW 48 ST. DAVID FL. 33331</i>
4. CITY - ST - ZIP	<i>17040 SW 48 ST. DAVID FL. 33331</i>
2.1 TITLE	<i>Vice-President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>MARTA R. GONZALEZ</i>
2.3 STREET ADDRESS	<i>2740 NW 99 ST. MIAMI FL. 33147</i>
2.4 CITY - ST - ZIP	<i>2740 NW 99 ST. MIAMI FL. 33147</i>
3.1 TITLE	<i>SECRETARY</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>MARTA R. GONZALEZ</i>
3.3 STREET ADDRESS	<i>2740 NW 99 ST. MIAMI FL. 33147</i>
3.4 CITY - ST - ZIP	<i>2740 NW 99 ST. MIAMI FL. 33147</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in Block 13 if accompanied with an address.

SIGNATURE: *MARTA R. GONZALEZ - Secretary* Date *06-15-95* 305-221-1955