FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000051687 (0)

1. Corporation Name

LUIS P. LEYVA, JR., M.D. P.A.

Principal Place of Business	Mailing Address
8500 S.W. 92ND STREET SUITE 201 MIAMI FL 33156	1536 VENERA AVE. SUITE 201 CORAL GABLES FL 33146 US

3. Date Incorporated or Qualified: 07/23/1993
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0426570 — Applied For / Not Applicable

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

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

LEYVA, LUIS P
8500 S.W. 92ND ST.
#201
MIAMI FL 33156

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSVT	☒ DELETE
NAME	LEYVA, LUIS P JR	
STREET ADDRESS	8500 S.W. 92ND ST., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☒ DELETE
NAME	LEYVA, LUIS P JR	
STREET ADDRESS	8500 S.W. 92ND ST., SUITE 201	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Luis P. Leyva Jr.	
1.3 STREET ADDRESS	1536 Venera Avenue	
1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
2.1 TITLE	President	☒ Change ☐ Addition
2.2 NAME	Leyva, Luis P. Jr	
2.3 STREET ADDRESS	1536 Venera Avenue	
2.4 CITY-ST-ZIP	Coral Gables, FL 33146	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Additio
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐
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. 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 m 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 tha appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Luis P. Leyva Jr MD — 4-19-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Ph

CR2E034 (12/95)