

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1536 VENERA AVE. SUITE 201 CORAL GABLES FL 33146 US	Mailing Address 1536 VENERA AVE. SUITE 201 CORAL GABLES FL 33146 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>See #10</i>		2a. Mailing Address 26 <i>See No. 10</i>		3. Date Incorporated or Qualified 07/23/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0426570	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEYVA, LUIS P. JR. M.D. 1536 VENERA AVE. #201 CORAL GABLES FL 33146				10. Name and Address of New Registered Agent 81 Name <i>Luis P. Leyva Jr., MD</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>11160 N. Kendall Drive Suite 111</i> 83 84 City <i>MIAMI</i> FL 85 Zip Code <i>33176</i>			
---	--	--	--	---	--	--	--

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<i>Address Change</i>
NAME	LEYVA, LUIS P. JR	1.2 NAME	
STREET ADDRESS	1536 VENERA AVE	1.3 STREET ADDRESS	<i>11160 N. Kendall Dr., #111</i>
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	<i>MIAMI, FL 33176</i>
TITLE	P	2.1 TITLE	<i>Change</i>
NAME	LEYVA, LUIS P. JR	2.2 NAME	
STREET ADDRESS	1536 VENERA AE	2.3 STREET ADDRESS	<i>11160 N. Kendall Dr., #111</i>
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	<i>MIAMI, FL 33176</i>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *L. P. Leyva Jr.* Date: *Feb. 8, 98.*

CR2E034 (10/97)