

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Serrina B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064968 (9)**

1. Corporation Name

GUILLELMO A. FONSECA M.D., PA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7925 N.W. 12TH STREET SUITE 324 MIAMI FL 33126 US	7925 N.W. 12TH STREET SUITE 324 MIAMI FL 33126 US

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
09/17/1993	05/01/1994
4. FEI Number	Applied For
65-0436567	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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FONSECA, GUILLERMO A 7925 N.W. 12TH STREET #324 MIAMI FL 33126	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 607.0905, Florida Statutes.

SIGNATURE

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94	
TITLE	D FONSECA, GUILLERMO A 7925 N.W. 12TH STREET #324 MIAMI FL 33126	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	

CITY, ST, ZIP	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	31 TITLE	
NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	
CITY, ST, ZIP	34 CITY, ST, ZIP	
TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	
CITY, ST, ZIP	44 CITY, ST, ZIP	
TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	
CITY, ST, ZIP	54 CITY, ST, ZIP	
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	
CITY, ST, ZIP	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 119.07(4)(b), Florida Statutes. Further, I 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. I am an officer or director of the corporation, the owner or fusion empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement, or on an attached sheet, with an address.

SIGNATURE:

(Signature)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR