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May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000064968 (9)

1. Corporation Name  
GUILLERMO A. FONSECA M.D., PA



Principal Place of Business: 7825 N.W. 12TH STREET SUITE 324 MIAMI FL 33126 US  
Mailing Address: 7825 N.W. 12TH STREET SUITE 324 MIAMI FL 33126-1822 US

3. Date Incorporated or Qualified: 09/17/1993  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt #, City & State, Zip, and Country.

4. FEI Number: 65-0436567  
5. Certificate of Status Desired:   
6. Election Campaign Financing:   
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: FONSECA, GUILLERMO A, 7925 N.W. 12TH STREET #324, MIAMI FL 33126

10. Name and Address of New Registered Agent: Evelyn Chaponick, 7925 N.W. 12th Street, Ste 324, Miami, FL 33126

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 607.0805, Florida Statutes.  
SIGNATURE: Evelyn Chaponick (typed name) / Evelyn Chaponick (signature)  
DATE: 4/30/97

Table 12: OFFICERS AND DIRECTORS. Includes fields for Title, Name, Street Address, City, St, Zip. Entry 1: D, FONSECA, GUILLERMO A, 7925 N.W. 12TH STREET #324, MIAMI FL 33126.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City, St, Zip. Fields 1.1 through 6.4.

14. I do 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: [Signature] / FONSECA, GUILLERMO A (typed name)  
DATE: 4/30/97  
DAYTIME PHONE #: 305 223 3989

CR2E034 (9/96)