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Apr 16 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 # P93000080009 (2)

1. Corporation Name

ANGELA PEDRAZA, M.D., P.A.

Principal Place of Business

2601 N. FLAGLER DRIVE
SUITE 209
W. PALM BEACH FL 33407

Mailing Address

8003 N.W. 31ST AVENUE
FORT LAUDERDALE FL 33309-2209

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
02/05/1996

2. Principal Place of Business

21 2161 PALM Bch LAKES BLVD

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #215

City & State

23 West Palm Bch, FL

Zip

24 33409

Country

25 PALM Bch

Zip

29

Country

30

4. FEI Number

65-0525379

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

9. Name and Address of Current Registered Agent

JOSE, DE LA GANDARA M.D.
8003 N.W. 31ST AVENUE
FORT LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GANDARA, JOSE DE L M.D.
STREET ADDRESS 2601 N. FLAGLER DRIVE-
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE D
NAME PEDRAZA, ANGELA M.D.
STREET ADDRESS 2601 N. FLAGLER DRIVE
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME De LA GANDARA JOSE M.D.
1.3 STREET ADDRESS 2161 PALM Bch LAKES BLVD #215
1.4 CITY-ST-ZIP West Palm Bch, FL 33409

2.1 TITLE
2.2 NAME PEDRAZA, ANGELA M.D.
2.3 STREET ADDRESS 2161 PALM Bch LAKES BLVD #215
2.4 CITY-ST-ZIP West Palm Bch, FL 33409

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/97 561-687-2111

CR2E034 (9/96)