

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 17 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000088406 (2)**

1. Corporation Name

**EDWIN N. ANGUAS, O.D., P.A.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **1892 BELLAIR BLVD  
ORANGE PARK FL 32073**  
Mailing Address: **1892 BELLAIR BLVD  
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified: **01/01/1994**  
3a. Date of Last Report

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: **593224545**  
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:  
**ANGUAS, EDWIN N  
1892 BELLAIR BLVD  
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D ANGUAS, EDWIN N 1892 BELLAIR BLVD ORANGE PARK FL 32073</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1 2 NAME	
STREET ADDRESS		1 3 STREET ADDRESS	
CITY - ST - ZIP		1 4 CITY - ST - ZIP	
		2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2 2 NAME	
NAME		2 3 STREET ADDRESS	
STREET ADDRESS		2 4 CITY - ST - ZIP	
CITY - ST - ZIP		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3 2 NAME	
TITLE		3 3 STREET ADDRESS	
NAME		3 4 CITY - ST - ZIP	
STREET ADDRESS		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		4 2 NAME	
		4 3 STREET ADDRESS	
TITLE		4 4 CITY - ST - ZIP	
NAME		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5 2 NAME	
CITY - ST - ZIP		5 3 STREET ADDRESS	
		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 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. 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: Edwin N. Anguas 4/1/95 904-264-1782  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR