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Jan 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 # P93000088881 (6)

1. Corporation Name
QUINTANA & PEREZ, M.D., P.A.



Principal Place of Business Mailing Address
500 N. WASHINGTON AVE. SUITE 109 TITUSVILLE FL 32796
500 N. WASHINGTON AVE. SUITE 109 TITUSVILLE FL 32796-2759

3. Date Incorporated or Qualified 12/21/1993
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3213774 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

QUINTANA, MANUEL R
500 N. WASHINGTON AVE.
SUITE 109
TITUSVILLE FL 32796

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 DELETE
NAME QUINTANA, MANUEL R
STREET ADDRESS 500 N. WASHINGTON AVE. #109
CITY-ST-ZIP TITUSVILLE FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President Change Addition
1.2 NAME Quintana, Manuel R.
1.3 STREET ADDRESS 500 N. Washington Ave. #109
1.4 CITY-ST-ZIP Titusville, FL 32796
2.1 TITLE Vice President Change Addition
2.2 NAME Perez, Denis A.
2.3 STREET ADDRESS 500 N. Washington Ave. #109
2.4 CITY-ST-ZIP Titusville, FL 32796
3.1 TITLE Secretary Change Addition
3.2 NAME Quintana, Magali
3.3 STREET ADDRESS 500 N. Washington Ave. #109
3.4 CITY-ST-ZIP Titusville, FL 32796
4.1 TITLE Treasurer Change Addition
4.2 NAME Hoffmeister, Frank
4.3 STREET ADDRESS 331 N. Maitland Ave. # D-10
4.4 CITY-ST-ZIP Maitland, FL 32751
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: *Manuel Quintana* REQUIRED 1/07/97 (407) 383-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)