

PROF CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 OCT 23 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006316 -(1)

1. Corporation Name
Family Clinic 27 & 19, Inc.

Principal Place of Business Mailing Address
1909-1911 S.W. 27th Avenue
Miami, Fl. 33145

3. Date Incorporated or Qualified 01/26/94
3a. Date of Last Report March/95
4. FEI Number 65-0465944
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. 199.002, 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 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
Lazaro Bormey
1909 -1911 S. W. 27th Avenue
Miami, Fl. 33145

10. Name and Address of New Registered Agent
81. Name Gabriel Rodriguez
82. Street Address (P.O. Box Number is Not Acceptable) 9545 S.W. 24 St.
83.
84. City Miami FL 85. Zip Code 33165

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Gabriel Rodriguez*

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P/T/S	Lazaro Bormey	12801 S. W. 92 P1	Miami, Fl. 33165	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gabriel Rodriguez	
1.3 STREET ADDRESS	9545 S.W. 24 St.	
1.4 CITY - ST - ZIP	Miami, Fl. 33165	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	700001987247--5	
2.4 CITY - ST - ZIP	-10/28/96--01048--015	
3.1 TITLE	*****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.073(1)(b) Florida Statutes. I 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 by me in person as 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: *Gabriel Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(305) 859-7756

Date

Phone #

10/23/94