

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JUL 10 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000019123 (6)

1. Corporation Name

CEFERINO A. MILIAN, M.D., P.A.

Principal Place of Business

4505 WEST FLAGLER ST.
SUITE 200
MIAMI FL 33134

Mailing Address

4505 WEST FLAGLER ST.
SUITE 200
MIAMI FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
03/11/1994

3a. Date of Last Report

2. Principal Place of Business

21 4343 W. Flagler St

2a. Mailing Address

26 4343 W. Flagler St

4. FEI Number

65-0482468

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #500

Suite, Apt. #, etc.

27 #500

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Miami FL

City & State

28 Miami FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33134

Country

Zip

29 33134

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CORDERO, ANA D
1313 PONCE DE LEON BLVD.
SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Ceferino A. Milian, MD P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

4343 W. Flagler St

83 Ste #500

84 City Miami FL

FL

85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0507 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME Ceferino A. Milian, MD P.A.
STREET ADDRESS 4343 W. Flagler St Ste 500
CITY - ST - ZIP Miami FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Ceferino A. Milian, MD P.A. Change Addition
1.2 NAME Ceferino A. Milian, MD P.A.
1.3 STREET ADDRESS 4343 W. Flagler St.
1.4 CITY - ST - ZIP Ste 500, Miami, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Change Addition

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 110.07(3)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or semi-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 trustee 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature) MD PO

REMITTED BY MAY 1

\$ Deposited by Bank

4/27/95

(305) 442-4454

Date

Telephone Area #