

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 JUL -5 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021780 (9)

1. Corporation Name

DOCTOR'S GROUP CLINIC, INC.

Principal Place of Business

Mailing Address

4530 NW 7TH ST  
MIAMI FL 33126

4530 NW 7TH ST  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
03/21/1994

3a. Date of Last Report

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

4. FEI Number

65-0450812

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 of intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTIGAS, EIDA  
4530 NW 7TH ST  
MIAMI FL 33126

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 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. 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 constituting

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DPS  
NAME: ARTIGAS, EIDA  
STREET ADDRESS: 4530 NW 7TH ST  
CITY - ST - ZIP: MIAMI FL 33126

11 TITLE: PRESIDENT - TREASURER  Change  Addition  
12 NAME: ARTIGAS, EIDA  
13 STREET ADDRESS: 4530 NW 7TH ST  
14 CITY - ST - ZIP: MIAMI, FLORIDA 33126  
PRESIDENT  
TREASURER

TITLE: DVT  
NAME: GUERRA, OLGA  
STREET ADDRESS: 4607 NW 7TH ST  
CITY - ST - ZIP: MIAMI FL 33126

21 TITLE: VICE - PRESIDENT - SECRETARY  Change  Addition  
22 NAME: OLGA GUERRA  
23 STREET ADDRESS: 4607 NW 7TH ST  
24 CITY - ST - ZIP: MIAMI, FL 33126  
VICE - PRESIDENT  
SECRETARY

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

31 TITLE: \_\_\_\_\_  Change  Addition  
32 NAME: \_\_\_\_\_  
33 STREET ADDRESS: \_\_\_\_\_  
34 CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

41 TITLE: \_\_\_\_\_  
42 NAME: \_\_\_\_\_  
43 STREET ADDRESS: \_\_\_\_\_  
44 CITY - ST - ZIP: \_\_\_\_\_  
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\*\*\*\*\*225.00 \*\*\*\*\*225.00

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

51 TITLE: \_\_\_\_\_  Change  Addition  
52 NAME: \_\_\_\_\_  
53 STREET ADDRESS: \_\_\_\_\_  
54 CITY - ST - ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

61 TITLE: \_\_\_\_\_  Change  Addition  
62 NAME: \_\_\_\_\_  
63 STREET ADDRESS: \_\_\_\_\_  
64 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 110.07(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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*EIDA ARTIGAS*  
EIDA ARTIGAS

4/20/95 3:44:29 PM

Date

System Time