

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029591 (2)

1. Corporation Name

MAYRA DE LOURDES ZENO, M.D., P.A.



Principal Place of Business

334 S.E. AVENUE I
BELLE GLADE FL 33430

Mailing Address

334 S.E. AVENUE I
BELLE GLADE FL 33430

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

SPILLANE, J.P.
12788 WEST FOREST HILL BLVD
STE 2105
WELLINGTON FL 33414

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified
04/19/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0488130

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and agent not applicable

DATE Registered Agent Signature Entered (When Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
ZENO, MAYRA D
334 S.E. AVENUE I
BELLE GLADE FL 33430

CITY- ST- ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY- ST- ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

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CITY- ST- ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY- ST- ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY- ST- ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY- ST- ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY- ST- ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY- ST- ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY- ST- ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME ☐ Change ☐ Addition

23. STREET ADDRESS ☐ Change ☐ Addition

24. CITY- ST- ZIP ☐ Change ☐ Addition

25. TITLE ☐ Change ☐ Addition

26. NAME ☐ Change ☐ Addition

27. STREET ADDRESS ☐ Change ☐ Addition

28. CITY- ST- ZIP ☐ Change ☐ Addition

29. TITLE ☐ Change ☐ Addition

30. NAME ☐ Change ☐ Addition

31. STREET ADDRESS ☐ Change ☐ Addition

32. CITY- ST- ZIP ☐ Change ☐ Addition

SIGNATURE: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mayra De Lourdes Zeno (X) 4-5-96 (X) 407-992-7734

CR2E034 (12/95)