FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 25 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000042592 (3)

1. Corporation Name
ACCIDENT PROFESSIONAL'S, P.A.

Principal Place of Business
~~3191 SW CORAL WAY STE. 634~~
~~MIAMI FL 33145~~

Mailing Address
~~3191 SW CORAL WAY STE. 634~~
~~MIAMI FL 33145~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 8357 W. FLAGLER ST.
Suite, Apt. #, etc.
22 SUITE # 410
City & State
23 MIAMI, FL
Zip
24 33144
Country
25

2a. Mailing Address
26 8357 W FLAGLER ST
Suite, Apt. #, etc.
27 SUITE # 410
City & State
28 MIAMI, FL
Zip
29 33144
Country
30

4. FEI Number: 65-0496856 ☐ 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

9. Name and Address of Current Registered Agent

CALAS, RUBEN
~~3191 SW CORAL WAY STE. 634~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

81 Name: CALAS, RUBEN.
82 Street Address (P.O. Box Number is Not Acceptable)
83 8357 W. FLAGLER ST. # 410
84 City: MIAMI FL 85 Zip Code: 33144

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALAS, RUBEN
STREET ADDRESS	~~3191 SW CORAL WAY STE. 634~~
CITY ST ZIP	~~MIAMI FL 33145~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	CALAS, RUBEN	
1.3 STREET ADDRESS	8357 W FLAGLER ST. # 410	
1.4 CITY ST ZIP	MIAMI, FL 33144	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ 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 119.07(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 on an attachment with an address.

SIGNATURE: RUBEN CALAS 7/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0160650 CP