

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

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MAY 1 PM 2:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Linda B. Nichols
Secretary of State
1995 P.O. BOX 12000, TALLAHASSEE, FL 32304**

DOCUMENT # P94000048392 (2)

1. Corporation Name

HIALEAH EMERGENCY MEDICINE SPECIALISTS, INC.

2. Principal Place of Business

**5401 POLK ST
HOLLYWOOD FL 33021**

2a. Mailing Address

**5401 POLK ST
HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized
06/29/1994

3a. Date of Last Report

2. Filing Method or Reporting

21

2a. Mailing Address

26

4. FTT Number

65-0500336

Applies For

Next Applicable

22. State Agent or Not

22

27. State Agent or Not

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City or State

23

28. City or State

28

6. Election Campaign Financials

Trust Fund Contributions

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under 5-119.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SHEVLIN, BARRY Y
1111 KANE CONCOURSE
SUITE 605
BAY HARBOUR ISLANDS FL 33454**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) 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 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent or Director)

(Signature of New Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

OFFICE	NAME	STREET ADDRESS	CITY	STATE	ZIP
DPS	DISKIN, ARTHUR L MD	5401 POLK ST	HOLLYWOOD	FL	33021

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95

OFFICE	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
DV	CASTANO, FRANCIS	10517 ZURICH ST	COVINGTON	LA	70330	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	VAZQUEZ DE MIGUEL, GASTON	235 18 ST #2	MIAMI BEACH	FL	33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information contained in this filing is voluntarily furnished and true and equally for the corporation stated in Sections 607.01(2) and 607.1508, Florida Statutes. I further certify that the information made available by this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If any person shall be a director of the corporation or director or officer or representative to execute the report as required by Chapter 441, Florida Statutes, and that my name appears on the back of the report or on an attached board with an address:

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR DISKIN 4-26-95 (305) 989-7575