

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 9:07

DOCUMENT # **P94000049662 (7)**

1. Corporation Name

MIAMI OB-GYN ASSOCIATES, P.A.

Principal Place of Business

7835 SW 82 CT
MIAMI FL 33143

Mailing Address

7835 SW 82 CT
MIAMI FL 33143

OFFICE USE ONLY

3. Date of Incorporation or Qualification
06/27/1994

3a. Date of Last Report

2. Principal Place of Business

21. **7000 S.W. 97 AVE.**

2a. Mailing Address

26. **7000 SW. 97 AVE.**

4. FIC Number

65-0501370

Applied For

Not Applicable

22. Suite, Apt. #, etc.

102

27. Suite, Apt. #, etc.

102

5. Certificate of Status Desired

\$6.75 Additional Fee Required

23. City & State

MIAMI FL

28. City & State

MIAMI FL

6. Election Campaign Contribution

\$5.00 May Be Added to Fees

24. Zip

33173

25. Country

USA

29. Zip

33173

30. Country

USA

8. This corporation has liability for compliance for under the 1994 Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**MUNILLA, PEDRO R
1401 SW 1 ST
SUITE 210
MIAMI FL 33135**

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address, if 12. Use Number as that of corporation

B3.

B4. City

FL

B5. State

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, this officer, current registered agent, or both, in the State of Florida, such change was authorized by this corporation's board of directors, thereby accept the appointment as registered agent, familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature Agent, a printed name of registered agent and Florida address

Agent, a printed name of registered agent and Florida address

12. OFFICERS AND DIRECTORS		13. ADDITIONAL COMPANIES TO WHICH THIS CORPORATION IS A MEMBER	
TITLE	PD SOMOANO, JULIO	TITLE	
NAME	8500 SW 92 ST	NAME	
STREET ADDRESS	MIAMI FL 33156	STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	VD SOMOANO, ANIE	TITLE	
NAME	8500 SW 92 ST	NAME	
STREET ADDRESS	MIAMI FL 33156	STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	VSD LEON, ORLANDO J	TITLE	
NAME	7835 SW 82 CT	NAME	
STREET ADDRESS	MIAMI FL 33143	STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	TD LEON, BARBARA	TITLE	
NAME	7835 SW 82 CT	NAME	
STREET ADDRESS	MIAMI FL 33143	STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that I do not qualify for the exemption established in section 11.411, chapter 11, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made by me, that I am an officer or director of the corporation of the to which the filing is personal to me and the report is required by chapter 11, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached form, with an address.

SIGNATURE: *Barbara Leon* **BARBARA LEON** 1/13/95 (305) 596-6700