

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000049662 (7)**

1. Corporation Name

**MIAMI OB-GYN ASSOCIATES, P.A.**



Principal Place of Business

7000 SW 97 AVE  
102  
MIAMI FL 33173  
US

Mailing Address

7000 SW 97 AVE  
102  
MIAMI FL 33173  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

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

81

Name

**Orlando J. Leon, M.D.**

82

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

**Miami Ob-Gyn Associates, P.A.**

83

**7000 S.W. 97 Avenue, #102**

84

City  
**Miami,**

85

Zip Code  
**FL 33173**

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(3), 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 and the officer or officers thereof, and I, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02(2), Florida Statutes.

SIGNATURE **Orlando J. Leon, M.D.**

Print Name and Address of Current Registered Agent

Date of Signature

**3/21/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DE FILE
NAME	<b>SOMOANO, JULIO</b>	
STREET ADDRESS	<b>8500 SW 92 ST</b>	
CITY, ST, ZIP	<b>MIAMI FL 33156</b>	
TITLE	VD	<input checked="" type="checkbox"/> DE FILE
NAME	<b>SOMOANO, ANIE</b>	
STREET ADDRESS	<b>8500 SW 92 ST</b>	
CITY, ST, ZIP	<b>MIAMI FL 33156</b>	
TITLE	VSD	<input type="checkbox"/> DE FILE
NAME	<b>LEON, ORLANDO J</b>	
STREET ADDRESS	<b>7835 SW 82 CT</b>	
CITY, ST, ZIP	<b>MIAMI FL 33143</b>	
TITLE	TD	<input checked="" type="checkbox"/> DE FILE
NAME	<b>LEON, BARBARA</b>	
STREET ADDRESS	<b>7835 SW 82 CT</b>	
CITY, ST, ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> DE FILE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DE FILE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished on this form is voluntary, true, and correct, and that I am an officer or director of the corporation in the reporting jurisdiction and that my name appears in Block 12 or Block 13 of this change, amendment or statement with a true and correct address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/96**

Date

Print Name

CR2E034 (12/95)