

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 in accordance with the Florida Statutes, and I, the undersigned, 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	SOMOANO, JULIO	
STREET ADDRESS	8500 SW 92 ST	
CITY, ST, ZIP	MIAMI FL 33156	
TITLE	VD	<input checked="" type="checkbox"/> DE FILE
NAME	SOMOANO, ANIE	
STREET ADDRESS	8500 SW 92 ST	
CITY, ST, ZIP	MIAMI FL 33156	
TITLE	VSD	<input type="checkbox"/> DE FILE
NAME	LEON, ORLANDO J	
STREET ADDRESS	7835 SW 82 CT	
CITY, ST, ZIP	MIAMI FL 33143	
TITLE	TD	<input checked="" type="checkbox"/> DE FILE
NAME	LEON, BARBARA	
STREET ADDRESS	7835 SW 82 CT	
CITY, ST, ZIP	MIAMI FL 33143	
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
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information furnished on this form is true and correct to the best of my knowledge and belief, and that I am a director or officer of the corporation in the registration of which I am acting as registered agent. I am familiar with and accept the obligations of Section 607.02(2), Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

CR2E034 (12/95)