

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000050514 (6)

1. Corporation Name

CORCES, NIN, SANCHEZ-MEDINA, AND STANZIOLA, P.A.



Principal Place of Business: LEJEUNE EXECUTIVE BUILDING, 351 NW LEJEUNE ROAD, CORAL GABLES FL 33134
Mailing Address: BOX 142082, CORAL GABLES FL 33134

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	07/07/1994		03/28/1995
4.	FIL Number	Applied For	
	65-0501987	Not Applicable	
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANCHEZ-MEDINA, ROLANDO 351 NW LE JEUNE SUITE 205 CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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 _____ (Signature, typed or printed name of registered agent and title of corporation) (NOTE: Registered Agent's signature is not required on this report) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCES, ARTURO	12. NAME	
STREET ADDRESS	351 N.W. LEJEUNE ROAD, BOX 142082	13. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	14. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIN, FREDERIC	22. NAME	
STREET ADDRESS	351 N.W. LEJEUNE ROAD, BOX 142082	23. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	24. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ-MEDINA, ROLANDO	32. NAME	
STREET ADDRESS	351 N.W. LEJEUNE ROAD, BOX 142082	33. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	34. CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANZIOLA, FELIX	42. NAME	
STREET ADDRESS	351 N.W. LEJEUNE ROAD, BOX 142082	43. STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL 33134	44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 as an attachment with an address.

SIGNATURE: *Arturo Corces, M.D.* 3/29/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)