

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT #**  
1. Corporation Name  
**JORGE L. BARROS, M.D., P.A. P94000058783**

Principal Place of Business: **1190 NW 95 St Suite 102 Miami, FL. 33150**  
Mailing Address: **1190 NW 95St Suite 102 Miami, FL. 33150**

3. Date Incorporated or Qualified: **8/10/94**  
3a. Date of Last Report

2. Principal Place of Business: **21 26 22 23 24 25 29 30**  
2a. Mailing Address: **26 27 28**  
**2655 LeJeune Road Suite, Apt. #, etc. 807 Coral Gables, Florida 33134 USA**

4. FEI Number: **65-0511583**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LESTER G. KATES, ESQ. 1647 SW 27th AVENUE MIAMI, FLORIDA 33145**

10. Name and Address of New Registered Agent  
81 Name: **Lester G. Kates, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable): **2655 LeJeune Road Suite 807**  
83  
84 City: **Coral Gables** FL 85 Zip Code: **33134**

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: *Lester G. Kates* **LESTER G. KATES, ESQ.** (NOTE: Registered Agent signature required when reinstating) DATE: **4-2-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDIS</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jorge L. Barros, M.D</b>	12 NAME	
STREET ADDRESS	<b>1190 NW 95 Street Suite 102</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI, FL. 33150</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 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	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY-ST-ZIP	

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\*\*\*165.00

*4/30/97*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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: *Jorge L. Barros* **JORGE L. BARROS, M.D.** Date: **4/2/97** Daytime Phone #

CR2E034 (9/96)