

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

REGISTRATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32304

FILED
SECRETARY OF STATE
OF FLORIDA

95 MAY -1 PM 1:51

DOCUMENT # **P94000063300 (5)**

1. Name of Registrant
CARLOS A. UNZUETA, M.D., P.A.

2. Principal Office Location
**1204 CARLTON AVE.
LAKE WALES FL 33853**

3. Mailing Address
**1204 CARLTON AVE.
LAKE WALES FL 33853**

DO NOT WRITE IN THIS SPACE

3. Date of report filed for calendar year **08/23/1994** 3a. Date of Last Report

21. Filing Period (Month)	22. Filing Period (Year)	26. Mailing Address (City)	27. Mailing Address (State)
23. Filing Period (Day)	24. Filing Period (Year)	28. Mailing Address (Zip)	29. Mailing Address (Country)
30. Filing Period (Day)	31. Filing Period (Year)	32. Mailing Address (City)	33. Mailing Address (State)

4. Filing Number 59-326-8130	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. 198.020, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**UNZUETA, CARLOS A
1204 CARLTON AVE.
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
FL 85. Zip Code

11. I declare to the best of my knowledge and belief that the information furnished herein is true and correct and that I am a resident of the State of Florida. I understand that the filing of this report is a public act and that the information contained herein is available to the public. I understand that the filing of this report is a public act and that the information contained herein is available to the public.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995
1. NAME D UNZUETA, CARLOS A 1204 CARLTON AVE. LAKE WALES FL 33853	<input type="checkbox"/> Change <input type="checkbox"/> Address
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address
20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I declare to certify that the information required with this filing, voluntarily furnished and does not apply for the purposes stated in the law. I understand that the filing of this report is a public act and that the information contained herein is available to the public. I understand that the filing of this report is a public act and that the information contained herein is available to the public.

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

PROHIBITED BY MAY 1
4-27-95 813-676-7569