

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
JAMES B. WATSON  
Governor  
TALLAHASSEE, FLORIDA 32304-0001

**APPROVED  
AND  
FILED**

MAY 19 AM 10:15

DOCUMENT # **P94000070608 (2)**

**SAN LAZARO MEDICAL & DIAGNOSTIC CENTER CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office (Mailing Address) **4080 WEST 12TH AVENUE  
HALEAH FL 33012**  
Mailing Address **4080 WEST 12TH AVENUE  
HALEAH FL 33012**

3. Date the corporation was organized		3a. Date of Last Report	
09/23/1994			
2. Principal Office (Registered Office)	2a. Office Address	4. FE Number	Applied For
21	26	65 0518348	Not Applicable
22. State, Apt. #, etc.	27. State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. County	29. Zip	30. County
		7. This corporation has liability for information under 5-109-032 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			
CABRERA, RAUL D 4080 S.W. 11TH STREET MIAMI FL 33012		81. Name			
		82. Street Address (If a new member of the corporation)	4201 S.W. 11 ST.		
		83.			
		84. City	MIAMI	FL	85. Zip Code 33134

11. Pursuant to the provisions of Sections 607 (9)(c), 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 (9)(c), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D, P, S DE GUZMAN, MARLENE G 4080 WEST 12TH AVENUE HALEAH FL 33012	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE	D GUZMAN, OSTAVIO 4080 WEST 12TH AVENUE HALEAH FL 33012	STATE	
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GARCIA, ROSA 4080 WEST 12TH AVENUE HALEAH FL 33012	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that any corporation shall have the same legal effect as if made under oath. That any person or officer of the corporation or the corporation or its agent who furnishes false information on this report or supplemental report is subject to the provisions of Florida Statutes, and that the name appears on this report or supplemental report is the name of the person or officer who furnished the information.

SIGNATURE: *[Signature]* **President 5-15-95**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Marlene Guzman**

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**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
Division of Corporations

**DOCUMENT # P94000070708 (0)**

**P & P DESIGN, INC.**

APPROVED  
9/26/95  
ST 11112 1112:15  
TALLAHASSEE, FLORIDA

**Principal Office Address: 701 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE FL 33334**  
**Mailing Address: 701 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE FL 33334**

3. Date of Incorporation: **09/26/1994** 3a. Date of Last Report: **09/26/1994**  
4. FID Number: **65-0522861** Applied For: **Not Applicable**  
5. Certificate of State Deposit:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. The corporation has adopted the enterprise file under S. 119.042:  Yes  No

2. Principal Office Address: **701 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE FL 33334**  
2a. Mailing Address: **701 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE FL 33334**  
22. State: **FL** 27. State: **FL**  
23. City: **Fort Lauderdale** 28. City: **Fort Lauderdale**  
24. County: **Dade** 25. County: **Dade** 29. County: **Dade** 30. County: **Dade**

**9. Name and Address of Current Registered Agent**  
**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**  
81. Name: \_\_\_\_\_  
82. Street Address: \_\_\_\_\_  
83. City: \_\_\_\_\_  
84. State: **FL** 85. Zip Code: \_\_\_\_\_

11. I, the undersigned, the president of the corporation, certify that I am a resident of the State of Florida and that I am qualified to act as a registered agent for the corporation. I have read the provisions of the Florida Statutes, Chapter 607, and I understand the duties and responsibilities of a registered agent. I have read the provisions of the Florida Statutes, Chapter 607, and I understand the duties and responsibilities of a registered agent. I have read the provisions of the Florida Statutes, Chapter 607, and I understand the duties and responsibilities of a registered agent.

12. OFFICERS AND DIRECTORS 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
1. NAME: <b>PD KOSLAN, STEPHANIE</b> 2. ADDRESS: <b>701 E. COMMERCIAL BLVD., SUITE 200 FORT LAUDERDALE FL 33334</b>	1. NAME: _____ 2. ADDRESS: _____ 3. CITY: _____ 4. STATE: _____ 5. ZIP CODE: _____
2. NAME: _____ 3. ADDRESS: _____ 4. CITY: _____ 5. STATE: _____ 6. ZIP CODE: _____	6. NAME: _____ 7. ADDRESS: _____ 8. CITY: _____ 9. STATE: _____ 10. ZIP CODE: _____
3. NAME: _____ 4. ADDRESS: _____ 5. CITY: _____ 6. STATE: _____ 7. ZIP CODE: _____	11. NAME: _____ 12. ADDRESS: _____ 13. CITY: _____ 14. STATE: _____ 15. ZIP CODE: _____
4. NAME: _____ 5. ADDRESS: _____ 6. CITY: _____ 7. STATE: _____ 8. ZIP CODE: _____	16. NAME: _____ 17. ADDRESS: _____ 18. CITY: _____ 19. STATE: _____ 20. ZIP CODE: _____
5. NAME: _____ 6. ADDRESS: _____ 7. CITY: _____ 8. STATE: _____ 9. ZIP CODE: _____	21. NAME: _____ 22. ADDRESS: _____ 23. CITY: _____ 24. STATE: _____ 25. ZIP CODE: _____
6. NAME: _____ 7. ADDRESS: _____ 8. CITY: _____ 9. STATE: _____ 10. ZIP CODE: _____	26. NAME: _____ 27. ADDRESS: _____ 28. CITY: _____ 29. STATE: _____ 30. ZIP CODE: _____
7. NAME: _____ 8. ADDRESS: _____ 9. CITY: _____ 10. STATE: _____ 11. ZIP CODE: _____	31. NAME: _____ 32. ADDRESS: _____ 33. CITY: _____ 34. STATE: _____ 35. ZIP CODE: _____
8. NAME: _____ 9. ADDRESS: _____ 10. CITY: _____ 11. STATE: _____ 12. ZIP CODE: _____	36. NAME: _____ 37. ADDRESS: _____ 38. CITY: _____ 39. STATE: _____ 40. ZIP CODE: _____
9. NAME: _____ 10. ADDRESS: _____ 11. CITY: _____ 12. STATE: _____ 13. ZIP CODE: _____	41. NAME: _____ 42. ADDRESS: _____ 43. CITY: _____ 44. STATE: _____ 45. ZIP CODE: _____
10. NAME: _____ 11. ADDRESS: _____ 12. CITY: _____ 13. STATE: _____ 14. ZIP CODE: _____	46. NAME: _____ 47. ADDRESS: _____ 48. CITY: _____ 49. STATE: _____ 50. ZIP CODE: _____
11. NAME: _____ 12. ADDRESS: _____ 13. CITY: _____ 14. STATE: _____ 15. ZIP CODE: _____	51. NAME: _____ 52. ADDRESS: _____ 53. CITY: _____ 54. STATE: _____ 55. ZIP CODE: _____
12. NAME: _____ 13. ADDRESS: _____ 14. CITY: _____ 15. STATE: _____ 16. ZIP CODE: _____	56. NAME: _____ 57. ADDRESS: _____ 58. CITY: _____ 59. STATE: _____ 60. ZIP CODE: _____
13. NAME: _____ 14. ADDRESS: _____ 15. CITY: _____ 16. STATE: _____ 17. ZIP CODE: _____	61. NAME: _____ 62. ADDRESS: _____ 63. CITY: _____ 64. STATE: _____ 65. ZIP CODE: _____
14. NAME: _____ 15. ADDRESS: _____ 16. CITY: _____ 17. STATE: _____ 18. ZIP CODE: _____	66. NAME: _____ 67. ADDRESS: _____ 68. CITY: _____ 69. STATE: _____ 70. ZIP CODE: _____
15. NAME: _____ 16. ADDRESS: _____ 17. CITY: _____ 18. STATE: _____ 19. ZIP CODE: _____	71. NAME: _____ 72. ADDRESS: _____ 73. CITY: _____ 74. STATE: _____ 75. ZIP CODE: _____
16. NAME: _____ 17. ADDRESS: _____ 18. CITY: _____ 19. STATE: _____ 20. ZIP CODE: _____	76. NAME: _____ 77. ADDRESS: _____ 78. CITY: _____ 79. STATE: _____ 80. ZIP CODE: _____
17. NAME: _____ 18. ADDRESS: _____ 19. CITY: _____ 20. STATE: _____ 21. ZIP CODE: _____	81. NAME: _____ 82. ADDRESS: _____ 83. CITY: _____ 84. STATE: _____ 85. ZIP CODE: _____
18. NAME: _____ 19. ADDRESS: _____ 20. CITY: _____ 21. STATE: _____ 22. ZIP CODE: _____	86. NAME: _____ 87. ADDRESS: _____ 88. CITY: _____ 89. STATE: _____ 90. ZIP CODE: _____
19. NAME: _____ 20. ADDRESS: _____ 21. CITY: _____ 22. STATE: _____ 23. ZIP CODE: _____	91. NAME: _____ 92. ADDRESS: _____ 93. CITY: _____ 94. STATE: _____ 95. ZIP CODE: _____
20. NAME: _____ 21. ADDRESS: _____ 22. CITY: _____ 23. STATE: _____ 24. ZIP CODE: _____	96. NAME: _____ 97. ADDRESS: _____ 98. CITY: _____ 99. STATE: _____ 100. ZIP CODE: _____

14. I, the undersigned, certify that the information supplied with this form is accurate, true and correct and that I am qualified to act as a registered agent for the corporation. I have read the provisions of the Florida Statutes, Chapter 607, and I understand the duties and responsibilities of a registered agent. I have read the provisions of the Florida Statutes, Chapter 607, and I understand the duties and responsibilities of a registered agent. I have read the provisions of the Florida Statutes, Chapter 607, and I understand the duties and responsibilities of a registered agent.

SIGNATURE: *Stephanie Koslan* **STEPHANIE KOSLAN** 5-12-95 (305) 675-9812  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR