

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 ANNUAL REPORT
 1995**



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

DOCUMENT # P94000071735

1. Corporation Name

Lejeune Health Professionals, Inc.

Principal Place of Business

Mailing Address

**115 S.W. 42th Ave.
 Miami, Florida 33134**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/29/94** 3a. Date of Last Report

4. FEI Number **65-0525780** 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

2. Principal Place of Business		2a. Mailing Address	
21	115 S.W. 42nd Ave. Suite, Apt. #, etc.	26	115 S.W. 42nd Ave. Suite, Apt. #, etc.
22	City & State	27	City & State
23	Miami, Florida	28	Miami, Florida
24	Zip 33134	29	Zip 33134
25	Country	30	Country

9. Name and Address of Current Registered Agent

**Corporate Agents, Inc.
 1201 Hays Street
 Tallahassee, Florida 32301**

10. Name and Address of New Registered Agent

81	Name	Manuel Orraca
82	Street Address (P.O. Box Number is Not Acceptable)	115 S.W. 42nd Ave.
83		
84	City	Miami
85	Zip Code	FL 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 *Manuel Orraca* **MANUEL ORRACA** DATE **2-17-1995**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President, Secretary, Director
NAME	Manuel Orraca
STREET ADDRESS	115 S.W. 42nd Ave.
CITY-ST-ZIP	Miami, Florida 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400001423174
1.4 CITY-ST-ZIP	-03/07/95--01100--003
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	200.00
2.3 STREET ADDRESS	200.00
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *Manuel Orraca* **MANUEL ORRACA** 305-443-4677

DATE **2-17-1995**