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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporatio	MENT # P950 ARDO SABATES, M.D. P.A.		10215 ((8)			E IRANIARA WA NANA ANNI ANNI AN	il	Di Aldii Ban	(1 1/162) ((180) ((181) (180)
Principal Place of Business 7922 WEST 14TH COURT HIALEAH FL 33014		Mailing Address 7922 WEST 14TH COURT HALEAH FL 33014								
							3. Date Incorporated or Qualifie 02/03/1995	ed 3a. Dat	e of Last	Report
21	ace of Business	2a. 26	Mailing Address				4. FEI Number 65-0558-3	67		Applied For Not Applicable
Suite, Ap:		27	Suite, Apt. #, etc.		_		5. Certificate of Status Desired			75 Additional a Required
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution	, _□	\$ 5.	00 May Be
Z(p)	Country 25	29	Zip	Countr 30	/		8. This corporation has liability Florida Statutes	for intangible to		
	9. Name and Address of Curre	nt Regist	ered Agent		1		10. Name and Address of New	w Registered	Agent	
SABATES, RICARDO MD 7922 WEST 14TH COURT				81		_	ss (P.O. Box Number is Not Accep	table)		
	AH FL 33014			83						
	o the provisions of Sections 607.050 ed agent, or both, in the State of Flor			84				El		Zip Code
tamiliar wit SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Struture speed or protest dame or registrate agen OFFICERS AN	tion 607.0	505, Florida Statutes	ITE Registered Age		. 0 000.0	of circles accept the a	DATE	· registere	agent. I am
THEF	D	U.E.E.E.	DELETE	1. 1 TITLE		1	ADDITIONS/CHANGES TO C		DIRECT Change	
NAMI STREET ACORESS	SABATES, RICARDO M.D. 7922 WEST 14TH COURT			1.2 NAME 1.3 STREE	ADDRES	s			"I OHBING	Addition
Crin-St ZiP	HIALEAH FL 33014		a	14 CHY-5						
TITLE NAME			☐ DELETE	2 1 TITLE 22 NAME				C	Change	☐ Addition
STREET ADDRESS _CUD -S1-ZIF				2 3 STREET 2 4 CITY - S		s				i
TIGGE NAME			DELETE	3 1 TITLE 3.2 NAME				<u> </u>	Change	Addition
STREET ADDRESS				33 STREE	ADDRES	s				
CHY ST-ZP TITLE			DELETE	3.4 CITY - S 4. 1 TITLE	7 - 71P		· · · · · · · · · · · · · · · · · · ·			
NAM6			General	4.2 NAME				լ] Change	☐ Addition
STRULL ADORESS				43 STREET		5				·
CI'V-SI ZIP TITLE			DELETE	44 CITY-S	I - ZIP					
NAME				5 1 TITLE 52 NAME				L	Change	☐ Addition
5186FF ADDRESS				5 3 STREET	ADDRESS	:				
CHY-S1-ZIF				5 4 CITY-S						
TOTALE	N. C.		☐ DELETE	6. 1 TITLE		 			Change	Addition
NAME				62 NAME				_	_ •	
STEET ADDRESS				6.3 STREET	ADDRESS	;				

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 appeal or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under appears in Block 12 or Block 13 if chapter of the report with an address.

SIGNATURE:

RICHN DO Sabates

1-73-96 5588