

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # P95000010969 (0)

1. Corporation Name

GREATER MIAMI MEDICAL GROUP, P.A.



Principal Place of Business

3250 S.W. 3RD AVENUE
MIAMI FL 33129

Mailing Address

3250 S.W. 3RD AVENUE
MIAMI FL 33129

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KUPERSTEIN, STANLEY H ESQ.
1428 BRICKELL AVE.
6TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

4. FEI Number

65-0553653

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 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

Signature of Registered Agent (must be typed and signed)

Signature of Registered Agent (must be typed and signed)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	P	☐ DELETE
2. NAME	VIRGIN, CHARLES E	
3. STREET ADDRESS	C/O 3250 S.W. 3RD AVE.	
4. CITY-STATE-ZIP	MIAMI FL 33129	
5. TITLE	V	☐ DELETE
6. NAME	BOLET, JUAN	
7. STREET ADDRESS	C/O 3250 S.W. 3RD AVE.	
8. CITY-STATE-ZIP	MIAMI FL 33129	
9. TITLE	S	☐ DELETE
10. NAME	AGUILAR, JUAN P	
11. STREET ADDRESS	C/O 3250 S.W. 3RD AVE.	
12. CITY-STATE-ZIP	MIAMI FL 33129	
13. TITLE	D	☐ DELETE
14. NAME	GARCIA, PETE	
15. STREET ADDRESS	C/O 3250 S.W. 3RD AVE.	
16. CITY-STATE-ZIP	MIAMI FL 33129	
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 119.07(3)(k), 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 or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 305 8541237
Exhibit Page 1

CR2E034 (12/95)