

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000015994 (3)**

1. Corporation Name:

JENARO F. FERNANDEZ, MD, P.A.

Principal Place of Business:

**2101 WEST S.R. 434 #135
LONGWOOD FL 32779**

Alternate Address:

**2101 WEST S.R. 434 #135
LONGWOOD FL 32779**



2. Principal Place of Business:

2a. Mailing Address:

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9. Name and Address of Current Registered Agent

**KELAHER, NEVA M ESQ.
390 N. ORANGE AE.
SUITE 1500
ORLANDO FL 32801**

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3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

4. FEI Number
59-3321757

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 607.0107 and 607.1103, 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. I, the undersigned, am a duly qualified officer or director of the corporation and I am hereby accepting the obligation of Section 607.0103, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12a	PD FERNANDEZ, JENARO F 2101 WEST S.R. 434 #135 LONGWOOD FL 32779	<input type="checkbox"/> DELETED
12b	VD FERNANDEZ, MARY 2101 WEST S.R. 434 #135 LONGWOOD FL 32779	<input type="checkbox"/> DELETED
12c		<input type="checkbox"/> DELETED
12d		<input type="checkbox"/> DELETED
12e		<input type="checkbox"/> DELETED
12f		<input type="checkbox"/> DELETED
12g		<input type="checkbox"/> DELETED
12h		<input type="checkbox"/> DELETED
12i		<input type="checkbox"/> DELETED
12j		<input type="checkbox"/> DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

13a	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13c	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13d	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13f	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13g	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13h	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13i	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13j	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare by this filing that the information submitted by me is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this annual report is substantially correct and that my signature shall have the same legal effect as if made under oath. I understand the obligation of this report and I agree to file it as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of ESOP Form 100 of the corporation's 1996 financial statements.

SIGNATURE: **Mary Fernandez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96 407 788-8884

CR2E034 (12/95)