

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000021204 (9)**

1. Corporation Name
VICENTE F. FRANCO, M.D., P.A.



Principal Place of Business: **1890 SW 57 AVE SUITE 109 107 MIAMI FL 33155**
Mailing Address: **1890 SW 57 AVE SUITE 109 107 MIAMI FL 33155**

2. Principal Place of Business:
21 **1890 SW 57th Ave**
22 **Suit 107**
23 **Miami, Florida**
24 **33155** 25 **U.S.A.**

3. Date Incorporated or Qualified: **03/15/1995**
3a. Date of Last Report:
4. FEI Number: **650508984**
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

9. Name and Address of Current Registered Agent:
**FRANCO, VICENTE F
1890 SW 57 AVE
SUITE 109 107
MIAMI FL 33155**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 does not, if made by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and I accept the obligations of, s. 607.0507, Florida Statutes.

SIGNATURE: *Vicente F. Franco, MD* **Vicente F. Franco, MD** **4-10-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCO, VICENTE F	
STREET ADDRESS	1890 SW 57 AVE SUITE 109- 107	
CITY-STATE-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	D Franco, Vicente F. 1890 S.W. 57th Ave, Suite 107
4. CITY-STATE-ZIP	Miami, FL 33155
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. 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 19.021(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental financial 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 to be registered, the corporation to be registered, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached report with an address.

SIGNATURE: *Vicente F. Franco, MD* **Vicente F. Franco, MD** **4-10-96** **2629333**

CR2E034 (12/95)