

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000022238 (6)

1. Corporation Name

ROSE M. MONSERRATE, M.D., FACEP, P.A.



Principals' Place of Business

Mailing Address

1747 JEWEL BOX DRIVE
SANIBEL FL 33957

1747 JEWEL BOX DRIVE
SANIBEL FL 33957

3. Date Incorporated or Qualified
03/17/1995

3a. Date of Last Report

2. Principals' Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65 0557448

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GATZ, ROCHELLE Z
13161 MCGREGOR BLVD.
FORT MYERS FL 33919

81 Name

Rose Monserrate

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

1747 Jewel Box Drive

83

84 City

Sanibel

FL

85 Zip Code

33957

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

Rose M. Monserrate

Signature, typed or printed name of registered agent and, if applicable,

(Print) Registered Agent signature required when substituting

2/16/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/Director [] DELETE

1.1 TITLE [] Change [] Addition

NAME Rose Monserrate
STREET ADDRESS 1747 Jewel Box Drive
CITY- ST- ZIP Sanibel, FL 33957

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE [] DELETE

2.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE [] DELETE

3.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE [] DELETE

4.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE [] DELETE

5.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE [] DELETE

6.1 TITLE [] Change [] Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

400001783364
-04/17/96--01019--023
***200.00

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)(c), 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 on an attachment with an address.

SIGNATURE:

Rose M. Monserrate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96

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