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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000026618 (5)

1. Corporation Name
GENEROSA FERNANDEZ, M.D., P.A.



Principal Place of Business
4180 W. 16 AVE., SUITE 301
HIALEAH FL 33012-5853

Mailing Address
4180 W. 16 AVE., SUITE 301
HIALEAH FL 33012-5853

3. Date Incorporated or Qualified 04/04/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0574593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal 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	30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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 607.0502 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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	NAME	FERNANDEZ, GENEROSA	1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
STREET ADDRESS		4180 W. 16 AVE., SUITE 301		2.1 TITLE		2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		HIALEAH FL 33012-5853		3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP		6.1 TITLE		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME									
STREET ADDRESS		STREET ADDRESS									
CITY-ST-ZIP		CITY-ST-ZIP									
TITLE		NAME									
STREET ADDRESS		STREET ADDRESS									
CITY-ST-ZIP		CITY-ST-ZIP									

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97 (305) 556-1435

CR2E034 (9/96)