

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

PROFIT CORPORATION ANNUAL REPORT



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

19968-13-96

B-7778 C

DOCUMENT # **P95000035750 (5)**

1. Corporation Name

KEY BISCAIYNE PEDIATRIC ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**OFFICE BY THE SEA
240 CRANDON BLVD. STE 203
KEY BISCAIYNE FL 33149**

**OFFICE BY THE SEA
240 CRANDON BLVD. STE 203
KEY BISCAIYNE FL 33149**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **C/O J A D & COMPANY, P.A.**

22 City & State

27 **3400 CORAL WAY, STE. 601**

23 Zip Country

28 **MIAMI, FLORIDA**

24 Zip Country

29 **33145-3053** 30 **DADE**

3. Date Incorporated or Qualified 05/02/1995	3a. Date of Last Report "INITIAL REPORT"
4. FEI Number 65-0564176	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DIAZ, JORGE A~~
**3400 CORAL WAY STE 601
MIAMI FL 33145**

81 Name JORGE ANDRES DIAZ, C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0905, Florida Statutes.

SIGNATURE

Signature of the person authorized to file this report

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD	<input type="checkbox"/> DELETE
NAME GUEVARA, RAMON A DR.	
STREET ADDRESS 3240 S.W. 129TH AVENUE	
CITY-ST-ZIP MIAMI FL 33175	
TITLE RD	<input checked="" type="checkbox"/> DELETE
NAME RUIZ-UNGER, JULIAN DR.	
STREET ADDRESS 830 LOS PINOS CIRCLE	
CITY-ST-ZIP CORAL GABLES FL 33143	
TITLE SD	<input type="checkbox"/> DELETE
NAME DIAZ, JORGE A CPA	
STREET ADDRESS 3400 CORAL WAY STE 601	
CITY-ST-ZIP MIAMI FL 33145	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME GUEVARA, RAMON A.	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DIAZ, JORGE ANDRES	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

[Signature] / OFFICER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-12-96 (305) 361-6232
Date Date of Filing

CR2E034 (12/95)