

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036168 (9)

1. Corporation Name

OSCAR L. HERNANDEZ, M.D. & ALEXANDER S. JONES, F
MG, ARNP, P.A.

Principal Place of Business

1504 N.W. 20TH ST.
HOMESTEAD FL 33030

Mailing Address

1504 N.W. 20TH ST.
HOMESTEAD FL 33030



2. Principal Place of Business
21 12512 N. Kendall Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite # 12

23 City & State
MIAMI, FL 33166

24 Zip
33166

25 Country
DADE

27 City & State

28

29 Zip

30 Country

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

4. FEI Number

65-0592067

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

JONES, ALEXANDER S
1504 N.W. 20TH ST.
HOMESTEAD FL 33030

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: ALEXANDER S. JONES

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

(NOTE: Registered Agent Signature required when reinstating)

Alexander S. Jones

02/27/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, OSCAR L M.D.
STREET ADDRESS 11889 S.W. 72ND TERRACE
CITY-ST-ZIP S. MIAMI FL 33183

DELETE

TITLE VD
NAME JONES, ALEXANDER S
STREET ADDRESS 1504 N.W. 20TH ST.
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001812484

-05/07/96--01172--025

***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)(g), 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: ALEXANDER S. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander S. Jones

DATE

Daytime Phone #

(305)

246-3892

CR2E034 (12/95)