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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000046422 (8)**

1. Corporation Name

M.A. HERNANDEZ-GARAY, D.D.S., P.A.

Principal Place of Business	Mailing Address
2645 DOUGLAS RD SUITE 404 MIAMI FL 33133	2645 DOUGLAS RD SUITE 404 MIAMI FL 33133

3. Date Incorporated or Qualified: 06/09/1995 | 3a. Date of Last Report:

4. FEI Number: 65-0591867 | 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 is subject to provisions of Section 199.032, Florida Statutes: [X] Yes [ ] No

	2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	21 2555 COLLINS Ave.	26 2115 SW 13 ST.
	22 CLUB ATLANTIS #C-3	27 N/A
City & State	23 MIAMI BEACH FL	28 MIAMI FL
Zip / County	24 33140 / 25 DADE	29 33145 / 30 DADE

9. Name and Address of Current Registered Agent

HERNANDEZ-GARAY, M.A.
2645 DOUGLAS RD
SUITE 404
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number Is Not Acceptable): 2899 COLLINS AVE # 748

83

84 City: MIAMI BEACH | FL | 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 607.0505 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: D. Hernandez-Garay | 4/12/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ-GARAY, M.A. 2645 DOUGLAS RD SUITE 404 MIAMI FL 33133	[ ] DELETE	2899 COLLINS AVE # 748 MIAMI BEACH FL 33140 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 added above or on an attachment with an address.

SIGNATURE: D. Hernandez-Garay | 4/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)