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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P95000060402 (1) DOCUMENT # FRANCISCO J. BORJA, M.D., P.A. Mailing Address Principal Place of Business 8940 S.W. 88TH STREET 8940 S.W. 88TH STREET SUITE 101-E SUITE 101-E MIAMI FL 33176 3a. Date of Last Report 3. Date Incorporated or Qualified MIAMI FL 33176 08/04/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65°05 26 21 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite Apt. #, etc. Fee Required 27 22 \$5,00 May Be 6. Election Campaign Financing City & State \Box City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zio Country Ζıp Ves No Florida Statutes 30 29 10. Name and Address of New Registered Agent 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 BORJA, FRANCISCO J 8940 S.W. 88TH STREET 63 SUITE 101-E 85 Z_Iρ Code **MIAMI FL 33176** 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. INCIDE Projectered Agent signature required when renetating SIGNATURE CR2E034 (12/95) Signature, typed or printed man e of regeltered agent and title if apple about ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ncifibbA 🔲 DELETE 1 1 TITLE TITLE 1.2 NAME BORJA, FRANCISCO J NAME 1.9 STREET ADDRESS 8940 S.W. 88TH STREET, SUITE 101-E STREET ADDRESS 1.4 CHY - ST - ZIP MIAMI FL 33176 ☐ Addition DiTY-ST-ZiP ☐ Change DELETE 2 1 THE THTLE 2.2 NAME NAM5 2.3 STREET ADDRESS STREET ADDRESS 24 CHY-ST-ZIF CITY - ST - ZIP Change ☐ Addition DELETE 3 11.118 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-ZIP ☐ Addition CITY-ST-ZIF DELETE 4 1 HILE TITLE 4.2 NAME 800001731648 -03/04/96--01141--0<u>15</u> NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY - S1 - ZIP ***200.00 CITY - ST - ZIP Change ☐ Addition DELETE 5 1 Till (THEF 5.2 NAM9 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY: SI-ZIP CITY - S1 - ZIP Change Addition ☐ DH ETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - 2IP

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)(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 Loppolyton 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 in or an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OF DIRECTOR