

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 28 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 # P95000071710 (4)

1. Corporation Name
KUNJANA MAVUNDA, M.D., P.A.



Principal Place of Business
**1401 NW 17TH AVENUE
MIAMI FL 33125-2322**

Mailing Address
**1401 NW 17TH AVENUE
MIAMI FL 33125-2322**

3. Date Incorporated or Qualified **09/14/1995** 3a. Date of Last Report **02/02/1996**

2. Principal Place of Business
21 **8950 N. KENDALL DR.**
Suite, Apt. #, etc.

22 **SUITE 400**

23 **MIAMI, FL**

24 Zip **33176** 25 Country **U.S.A.**

2a. Mailing Address
26 **8950 N. KENDALL DR.**
Suite, Apt. #, etc.

27 **SUITE 400**

28 **MIAMI, FL**

29 Zip **33176** 30 Country **U.S.A.**

4. FEI Number **65-0609240** 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
**MAVUNDA, KUNJANA M.D.
1401 NW 17TH AVENUE
MIAMI FL 33125-2322**

10. Name and Address of New Registered Agent
81 Name **KUNJANA MAVUNDA M.D.**
82 Street Address (P.O. Box Number is Not Acceptable) **8950 N. KENDALL DR.**
83 **SUITE 400**
84 City **MIAMI** 85 Zip Code **FL 33176**

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: _____ DATE: _____
Signature of principal place of business of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PDS <input type="checkbox"/> DELETE
NAME	MAVUNDA, KUNJANA M.D.
STREET ADDRESS	1401 NW 17TH AVENUE
CITY - ST - ZIP	MIAMI FL
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PDS <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAVUNDA, KUNJANA M.D.
1.3 STREET ADDRESS	8950 N. KENDALL DR, SUITE 400
1.4 CITY - ST - ZIP	MIAMI, FL 33176
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 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: **K. Mavunda** **KUNJANA MAVUNDA** 1/19/97 (305) 666 5891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)