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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P95000076790 (1)

ANTONIO R. PRATS, M.D., P.A.

Principal Place of Business

Mailing Address

MEDICAL ARTS BLDG. #301 3200 S.W. 60TH COURT MIAMI FL 33155

SIGNATURE:

MEDICAL ARTS BLDG. #301 3200 S.W. BOTH COURT



OX 44	81 Name 82 Street Addre	10. Name and Address of New	intangible taxs No	\$8.7 Fee \$5.0 Add: x under s	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees s 199.032,
Cou	81 Name 82 Street Addre	5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for Florida Statutes Ye  10. Name and Address of New	intangible taxs No	\$8.7 Fee \$5.0 Add: x under s	Not Applicable  5 Additional Required  00 May Be ed to Fees
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30]	82 Street Addre	10. Name and Address of New	Registered A	Agent	
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		ess (P.O. Box Number is Not Accepta	الماحة		
		eet Address (P.O. Box Number is Not Acceptable)			
	1021				
	83				
	84 City		<b>C1</b>	85	Zip Code
	<u> </u>			naina ita	registered offic
		d when reinstalingi	DATE		
13.		ADDITIONS/CHANGES TO OF			
1.13	TITLE 🔼	1 4 1 5 7		Chang	e 🔲 Addition
12 N	KAME PY	ats, Antonio T	ا ملا	112	2
135	STREET ADDRESS 🔁	100 SW 6214	·   (Y · ) *	# 10> - #	
1.4 0	DITY-ST-ZIP	Miami, PC	220		
2 1	TITLE	•	[	Chang	e 🔲 Addition
221	NAME				
233	STREET ADDRESS				
240	CHY-ST-ZIP				
3 1	TITLE		[	Chang	e 🔲 Addition
321	NAME				
33	STREET ADDRESS				
3.4 (	CITY-ST-ZIP				
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5.2	NAME				
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54	CITY-S1-ZIP				
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6.2	NAME				
6.3	STREET ADDRESS				
64	CITY-ST-ZIP			<del></del>	<del></del>
furnished an	d does not qualify	for the exemption stated in Section 1	19.07(3)(k), Fi the same leas	korida St al effect a	atutes. I further as if made urvde
	13.	Itutes, the above-named corpor prized by the corporation's boardered Agent signalize returns 13.  1.1 Title 12 NAME 13 STREEL ADDRESS 1.4 CITY-ST-ZIP 2 TITLE 22 NAME 23 STREEL ADDRESS 24 CITY-ST-ZIP 3 TITLE 32 NAME 33 STREEL ADDRESS 34 CITY-ST-ZIP 4 TITLE 42 NAME 43 STREEL ADDRESS 4.4 CITY-ST-ZIP 5 TITLE 52 NAME 53 STREEL ADDRESS 54 CITY-ST-ZIP 6 TITLE 62 NAME 6.3 STREEL ADDRESS 54 CITY-ST-ZIP 6 TITLE 62 NAME 6.3 STREEL ADDRESS 54 CITY-ST-ZIP 6 TITLE 62 NAME 6.3 STREEL ADDRESS 64 CITY-ST-ZIP	Itutes, the above-named corporation submits this statement for the ported by the corporation's board of directors. I hereby accept the aportes.  13. ADDITIONS/CHANGES TO OF  1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 52 NAME 63 STREET ADDRESS 5.5 CITY-ST-ZIP 6 1 TITLE 62 NAME 6.3 STREET ADDRESS 5.5 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 7 furnished and does not qualify for the exemption stated in Section 1	Ituties, the above-named corporation submits this statement for the purpose of chaptered by the corporation's board of directors. I hereby accept the appointment as ites.  13. ADDITIONS/CHANGES TO OFFICERS AND ITUTIONS/CHANGES TO OFFICERS T	Itutes, the above-named corporation submits this statement for the purpose of changing its orized by the corporation's board of directors. Thereby accept the appointment as registered tes.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP 6 1 TITLE 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 63 STREET ADDRESS 64 STREET ADDRESS 64 STREET ADDRESS 65 STREET ADDRESS