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

PROFIT CORPORATION



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

ANNUAL REPORT	
1996	
DOOLINAENEE "	_

DOCUI 1. Corporation	MENT # P950	00078055 (7	7)		
JULIA	AN MARQUEZ, M.D., P.A.			H 184H DEH HIG HIGH ARHIN ARHI	ADII BANIN NAGAN IBIN AGRAD BING AND NAGA
Principal Place	of Business	Mailing Address			
5972 WEST 16TH AVENUE HIALEAH FL 33012		5972 WEST 16TH AVI HIALEAH FL 33012	ENUE	<i>,</i> •	
				3. Date Incorporated or Qualified 3 10/11/1995	a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		65-0611468 5. Certificate of Status Desired F	Not Applicable \$8.75 Additional
City & State)	City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country	8. This corporation has liability for intar	ngible tax under s. 199.032.
	9. Name and Address of Curre		[30]	Florda Statutes	
			81 Name	IO. Hambotto Nadices of Hear Regi	stered Agent
	uez, julian		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	WEST 16TH AVENUE		83	746 NW 162 STREE	Γ
niale/	AH FL 33012				
	v .		84 City	iami	85 Zip Code
 Pursuant to or registere 	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo	2 and 607.1508, Florida Statutes	s, the above named con	rporation submits this statement for the purpos poard of directors. I hereby accept the appointr	FL 33010 e of changing its registered office
	h, and accept the obligations of, Sec	tion 607,0505, Florida Statutes.	or cy the corporation at	ocard of offectors. Thereby accept the appointr	nent as registered agent. Lam
SIGNATURE	Signal are typied or printed name of registeres ages	taintmentarismase (N. 4)	: Boystererl Agent signature re-	grand where reportation	DA1t
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME	D MADONICZ DICIANI	DELETE	1 11114		🛛 Change 🔲 Addition
STREET ADDRESS	MARQUEZ, JULIAN 5972 WEST 16TH AVENUI	:	1.3 SYREFT ADDRESS	7946 NW 1625TA	PPT
CITY ST ZIP	HIALEAH FL 33012	-	1.4 CITY - ST-ZIP	MIAMI, FL 33016	
TITLE		☐ DELETE	2 1 THTCE	H. H. J.	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - S1 - ZIP		[7] DELETE	2 4 CrTY - S1 - ZIP		
NAME			3 I TIFLE 3 2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiP			3 4 City - S1 - ZiP		
THLE	•	☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		ET Dry Etc	4.4 C-TY - \$1 - Z-P		
NAME		☐ DÉLETE	5 1 T-TLF	400001901 -07/23/9601026	204nge Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADORESS	-01026	020
CITY-ST-ZIP			5.4 CITY - SE-ZIP	***225.00	
TITLE		☐ DELEYE	6 1 Till: F		☐ Change ☐ Add tion ☐
NAME			6.2 NAME		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
STREET ADDRESS		\ :	6.3 STREET ADDRESS		7/20
CIFY - ST - ZiP	contry that the information supplied	i lain this three or all the	64 C(TY-S1-7 P	777	NU
certify that t	rcertify that the information supplied the information indicated on th is and	varu ans ning is voluntaary furnish Pal report or supplemental appus	ned and does not qualif	fy for the exemption stated in Section 119.07(3	(κ), Florida Statutes Uturther

oath; that I am an officer or director of the providing 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 change I, from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR HARQUEZ 01/17/96 (205) 8279739