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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000085045 (9)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # P9500085045 (9)  1. Corporation Name  SOUTHERN MEDICAL SPECIALISTS, INC.								
Incipal Place of Business		Mailing Address						
		8740 NORTH KENDALI	DRIVE					
8740 NORTH KENDALL DRIVE SUITE 215		SUITE 215						
MIAMI FL 33176		MIAMI FL 33176			3. Date Incorporated or Qualified	3a. Date	of Last Rep	iort
					11/01/1995		-Tera	oplied For
Principal Place of Business	<b>⊢</b>	<b>≀a.</b> Mailing Address			4. FEI Number			ot Applicable
	20	Suite, Apt. #, etc.			E. O. difference of Status Decired		\$8.75	Additional
Suite, Apt. #, etc.	2	_			5. Certificate of Status Desired		Fee R	equired
City & State		City & State			6. Election Campaign Financing	$\square$		May Be
	2				Trust Fund Contribution  8. This corporation has liability	intendible ta		to Fees 99.032.
Zip Cou	· —	Zip	Count 30	ry	Florida Statutes Ye		A CINCOLD	
[25]	dress of Current Re		30		10. Name and Address of New	Registered A	Agent	
9. Name and Ad	diess of Content is	giotorou vigovi	8	1 Name				
CRUZ; JOSE A M.D. 8740 NORTH KENDALL DRIVE			82 Street A		Idress (P.O. Box Number is Not Acceptable)			
				BZ Street Address (1.00 Des				
SUITE 215	1412		18	13				
MIAMI FL 33176			Ε	14 City		FL	<b>85</b> Zip	Code
					ratios submite this statement for the D	odo to cocorri	unaina its re	aistered office
Of Tegratered agent, or both, in		07 0505 Florida Statute	8	•				
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