

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P96000000984 (0)**

1. Corporation Name
GUILLERMO CUEVAS, P.A.



Principal Place of Business: **777 EAST 25TH STREET, SUITE 219 HIALEAH FL 33013**
Mailing Address: **777 EAST 25TH STREET, SUITE 219 HIALEAH FL 33013**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	State, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12/26/1995		
4.	FET Number		Applied For
	65-0643742		Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CUEVAS, GUILLERMO P.A. (Physician Assistant) 777 EAST 25TH STREET, SUITE 219 HIALEAH FL 33013		81	Name
		82	Street Address (P.O. Box Numbers Not Acceptable)
		83	
		84	City
		85	Zip Code
			FL

11. Pursuant to the provisions of Sections 607.01(7) and 607.150(4), 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 607.01(7), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUEVAS, GUILLERMO	2. NAME	
STREET ADDRESS	777 EAST 25TH STREET, SUITE 219	3. STREET ADDRESS	
CITY-STATE-ZIP	HIALEAH FL 33013	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. NAME	
NAME		6. STREET ADDRESS	
STREET ADDRESS		7. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		8. NAME	
TITLE	<input type="checkbox"/> DELETE	9. STREET ADDRESS	
NAME		10. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. NAME	
CITY-STATE-ZIP		12. STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	17. NAME	
NAME		18. STREET ADDRESS	
STREET ADDRESS		19. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP		20. NAME	
TITLE	<input type="checkbox"/> DELETE	21. STREET ADDRESS	
NAME		22. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. NAME	
CITY-STATE-ZIP		24. STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	25. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY-STATE-ZIP		28. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.04(3)(a), 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 from an initial listing with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (205) 836-0025 (205) 835-4674

CR2E034 (12/95)