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FILED

Feb 04 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 # P96000037442 (6)

1. Corporation Name

FRANCISCO J. BATLLE, M.D., P.A.

Principal Place of Business

963 CRANDON BLVD.  
KEY BISCAYNE FL 33149

Mailing Address

963 CRANDON BLVD.  
KEY BISCAYNE FL 33149-2753



3. Date Incorporated or Qualified

04/23/1986

3a. Date of Last Report

2. Principal Place of Business

21 7100 W. 20 AVE

Suite, Apt. #, etc.

22 #404

City & State

23 MIAMI, FL.

Zip

24 33016

Country

25

2a. Mailing Address

26 7100 W. 20 AVE

Suite, Apt. #, etc.

27 #404

City & State

28 MIAMI, FL.

Zip

29 33016

Country

30

4. FEI Number

65-0676364

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

BATLLE, FRANCISCO J  
963 CRANDON BLVD.  
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

BATLLE, FRANCISCO J.

82 Street Address (P.O. Box Number is Not Acceptable)

15425 SW. 74 CT.

83

84 City

MIAMI, FL

FL

85 Zip Code

33157

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

*Francisco Batlle*  
Signature of officer or director of corporation and this is acceptable

(NOTE: Registered Agent signature required when reinstating)

1/27/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BATLLE, FRANCISCO J  
STREET ADDRESS 963 CRANDON BLVD.  
CITY-ST-ZIP KEY BISCAYNE FL 33149  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME BATLLE, FRANCISCO  
1.3 STREET ADDRESS 7100 W. 20 AVE #404  
1.4 CITY-ST-ZIP MIAMI, FL. 33016  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Francisco Batlle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 305-572-0113  
Date Daytime Phone #

CR2E034 (9/96)