

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 30 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000039250 (1)

1. Corporation Name
HUMBERTO FERNANDEZ-MIRO, M.D., P.A.

Principal Place of Business
**5900 SW 127TH AVE., NO. 3415
MIAMI FL 33183**

Mailing Address
**5900 SW 127TH AVE., NO. 3415
MIAMI FL 33183-1468**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 **3400 Coral Way**
Suite, Apt. #, etc.

27 **S-600**
City & State

28 **Miami, FL.**
Zip Country

29 **331453053 USA.**

9. Name and Address of Current Registered Agent

**FERNANDEZ-MIRO, HUMBERTO
5900 SW 127TH AVE., NO. 3415
MIAMI FL 33183**

81 Name

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

83

84 City **FL** 85 Zip Code

3. Date Incorporated or Qualified
05/07/1996

3a. Date of Last Report

4. FET Number

65-0556117

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE - Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** DELETE
NAME **FERNANDEZ-MIRO, HUMBERTO**
STREET ADDRESS **5900 SW 127TH AVE., NO. 3415**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
700002230337--7
-07/03/97--01108--013
******165.00 ****165.00**

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

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

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

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

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

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 of justice 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

[Handwritten Signature]

3-12-97 (205)446-2055

CR2E034 (9/96)

[Handwritten: 9672-97]