

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

FILED

May 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000073175 (7)

1. Corporation Name  
ARTURO CORCES M.D., P.A.

Principal Place of Business  
201 S BISCAYNE BLVD  
MIAMI FL 33131

Mailing Address  
201 S BISCAYNE BLVD  
MIAMI FL 33131-4332

3. Date Incorporated or Qualified  
09/04/1996

3a. Date of Last Report

4. FEI Number  
65-0667458

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 of Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

30

9. Name and Address of Current Registered Agent  
KAPLAN, ABBEY L  
201 S BISCAYNE BLVD #1970  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name Arturo Corces, MD.  
82 Street Address (P.O. Box Number is Not Acceptable) 7000 S.W. 97 Ave., #110  
83 Miami, FL.  
84 City FL 85 Zip Code 33173

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: *[Signature]* 5/8/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	CORCES, ARTURO	201 S BISCAYNE BLVD #1970	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	Corces Arturo	7000 SW 97th Ave #110	Miami, FL. 33173	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

000002202300  
-06/05/97-01004-002  
\*\*\*550.00

5/8/97

14. I 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. 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: *[Signature]* 5/8/97