

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

98 OCT 20 AM 10:57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000100076 (4)

1. Corporation Name  
 JUAN A. FERNANDEZ, M.D., P.A.

Principal Place of Business  
 5000 UNIVERSITY DR #3315  
 CORAL GABLES FL 33146

Mailing Address  
 5000 UNIVERSITY DR #3315  
 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1996  
 3a. Date of Last Report

2. Principal Place of Business  
 21 351 NW LeSueur RD  
 Suite, Apt. #, etc. 406  
 City & State Miami, FL  
 Zip 33126 Country Dade

2a. Mailing Address  
 25 351 NW LeSueur RD  
 Suite, Apt. #, etc. 406  
 City & State Miami, FL  
 Zip 33126 Country Dade

4. FEI Number 65-0713010  
 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
 FERNANDEZ, JUAN A  
 5000 UNIVERSITY DR #3315  
 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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] DATE

12. OFFICERS AND DIRECTORS  
 TITLE PD  
 NAME FERNANDEZ, JUAN A  
 STREET ADDRESS 5000 UNIVERSITY DR #3315  
 CITY-ST-ZIP CORAL GABLES FL 33146

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS 351 NW LeSueur ROAD  
 1.4 CITY-ST-ZIP Suite 406 Miami, FL 33126

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS 900002670163-3  
 2.4 CITY-ST-ZIP -10/22/98-01063-014  
 \*\*\*\*550.00 \*\*\*\*550.00

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 in an attachment with an address.

SIGNATURE: [Signature] SIGNATURE REQUIRED

CR2E034 (4/97)