

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

1995



**APPROVED
AND
FILED**

DOCUMENT # S10172 (2)

SECURITY - 1 AM 8:23

OSCAR R. GUERRA, M.D. P.A.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. Name of Candidate OSCAR R. GUERRA 155 SUNRISE DR #4A KEY BISCAYNE FL 33149		2. Name of Agent OSCAR R. GUERRA 155 SUNRISE DR #4A KEY BISCAYNE FL 33149		3. Date of Filing 10/30/1990	3a. Date of Filing 04/18/1994
21. Mailing Address 2151 LeJeune Road	26. Mailing Address P.O. Box 14-5028	4. Filing Fee 65-0227428	5. Contribution of Labor (Interest) <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
22. Suite 309	27.	6. Election Campaign Financing Total Cash Contribution		\$5.00 May Be Added to Fees	
23. Coral Gables, FL	28. Coral Gables, FL	8. This candidate has authority to accept contributions <input checked="" type="checkbox"/>			
24. 33134	25. U.S.A.	29. 33114-5028	30. U.S.A.		

9. Name and Address of Current Registered Agent GUERRA, OSCAR R. 155 SUNRISE DR APT 4A KEY BISCAYNE FL 33149		10. Name and Address of New Registered Agent 81. Name: Guerra, Oscar R. 82. Street Address: 2151 LeJeune Road 83. Suite 309 84. Coral Gables FL 85. 33134			
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12. P GUERRA, OSCAR R., M.D. 155 SUNRISE DRIVE, #4A KEY BISCAYNE FL	13. P Guerra, Oscar R., M.D. 2151 LeJeune Road, Suite 309 Coral Gables, FL 33134
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14. I, the undersigned, certify that the above described person is qualified with the necessary education, training and experience for the position stated on this certificate. I further certify that the person is a resident of the State of Florida and that the signature shall be in the presence of the Secretary of State or a Notary Public. I understand that the person is required to file a report as required by Chapter 11, Florida Statutes, and that my name appears on the list of persons who are authorized to sign such reports.

SIGNATURE: *Oscar R. Guerra* **OSCAR R. GUERRA** 4/28/95 (305) 446-9056

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR OFFICER