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

SIGNATURE: R. LEGULE (PRESIDENT)
SIGNATURE AND TYPED OR FINISHED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S11087

(1)

| ···· | o requena, M.D., P.A. | | | | | | |
|--|---|---|--|--|--|------------------------------------|---|
| Principal Place of 32615 US 19 STE 3 PALM HARBO | N | Mailing Address 32615 US 19 N STE 3 PALM HARBOR FL 3 | Mailing Address 32615 US 19 N STE 3 PALM HARBOR FL 34684 3. Date incorporated or Qualified 12/01/1990 2e. Mailing Address 4. FEI Number 59-3035071 | | 3a. Date of Last Report | | |
| | | | | | | | f Last Report 18/1995 |
| 2. Principal Plac | oe of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 | | | | | 59-3035071 | | Not Applica |
| Suite, Apt. #, | , BIC. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additiona |
| City & State | | Orty & State | | *************************************** | 6. Election Campaign Financing | | Fee Required |
| 3 | | 28 | | | Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zip Ta | Country | Zip | Country | | 8. This corporation has liability for | | under s. 199.032, |
| 4 | 9. Name and Address of Curre | nt Bugietered Apont | <u> </u> | | | ₃ □ No | |
| | 9. Name and Address of Curre | iit negistered Agent | 81 | Name | 10. Name and Address of New F | registered Ag | ent |
| REQUEN | A, RAMIRO MD | | | | 70.0 | | |
| 32615 U | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptat | ole) | |
| STE 3 | | | 83 | | | | |
| PALM HA | ARBOR FL 34684 | | 84 | City | | | 85 Zip Code |
| 44 6 | | | | • | | ⊢L i | |
| Or registeret | a agent, or both, in the State of rion | iua. Such change was authori | zea av the corac | iarned corpora pration's board | ation submits this statement for the pu d of directors. I hereby accept the app | rpose of chang jointment as rec | ing its registered og stered agent. I ar |
| | , and accept the obligations of, Sec | tion 607.0605, Florida Statute | 3. | | | | |
| SIGNATURE | gnature, typed or printed name of registered agen | it and stie it anglicable (N | OTE: Registered Agent | l signature required | where proteined | DATE | |
| 40 | OFFICE OF ALL | | | | | | |
| | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | RECTORS IN 12 |
| TITLE | D | ID DIRECTORS [] DELETE | 1. 1 TITLE | | | ICERS AND DI | RECTORS IN 12 Change |
| TITLE NAME | d Requena, ramiro MD | | 1. 1 TITLE 1.2 NAME | | | ICERS AND DI | |
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| TITLE NAME STREET ADDRESS CITY - S1 - ZIP | d Requena, ramiro MD | □ DECETE | 1. 1 THE 1.2 NAME 1.3 STREET A 1.4 CITY-ST | ADDRESS | | ICERS AND DI | Change 🔲 Additi |
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