

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 6:45

DOCUMENT # **S20403** (9)

1. Corporation Name
JORGE M. CARDENAS - B., M.D., P.A.

Principal Place of Business 10922 GILLETTE AVE. TEMPLE TERRACE FL 33617	Mailing Address 10922 GILLETTE AVE. TEMPLE TERRACE FL 33617
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/21/1990	3a. Date of Last Report 11/03/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3041467	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBLEE, JR., JOHN J ESQUIRE
202 WEST CARDY STREET
TAMPA FL 33606**

81 Name JORGE M. CARDENAS, M.D.	85 Zip Code 33617
82 Street Address (P.O. Box Number is Not Acceptable) 10922 GILLETTE AVE.	
83	
84 City TEMPLE TERRACE	FL

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

5/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVSD	NAME CARDENAS, JORGE M M.D.	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10922 GILLETTE AVE.	CITY - ST - ZIP TEMPLE TERRACE FL 33617	12 NAME	
		13 STREET ADDRESS	
		14 CITY - ST - ZIP	
TITLE M	NAME CARDENAS, JORGE M M.D.	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 10922 GILLETTE AVE.	CITY - ST - ZIP TEMPLE TERRACE FL 33617	22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

Jorge M. Cardenas, M.D.

(813)228-0048