

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S34524** (6)

1. Corporation Name
JUAN F. MELLA, M.D., P.A.



Principal Place of Business Mailing Address
7400 N. KENDALL DRIVE SUITE 315 MIAMI FL 33156

2. Principal Place of Business
21 State, Apt. # et
22 City & State
23 Zip Country
24
25 Country
26
27 City & State
28 Zip Country
29
30

3. Date Incorporated or Qualified **02/21/1991** 3a. Date of Last Report **03/28/1995**
4. FEI Number **65-0248865** 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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**MIAMI CORPORATE SYSTEMS
5200 BLUE LAGOON DR., SUITE 700
THIRD FLOOR
MIAMI FL 33126**

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 607.03(1) and 607.15(1) 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 607.03(1), Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS

1. TITLE	<input type="checkbox"/> DELETE
2. NAME	D MELLA, JUAN F.
3. STREET ADDRESS	7400 N KENDALL DRIVE
4. CITY, STATE, ZIP	MIAMI FL
5. TITLE	<input type="checkbox"/> DELETE
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> DELETE
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> DELETE
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE	
34. NAME	
35. STREET ADDRESS	
36. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied to the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 in this report, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/96 305 670-6166

CR2E034 (12/95)