

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Jan 27 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S34524 (6)**  
1. Corporation Name  
**JUAN F. MELLA, M.D., P.A.**



Principal Place of Business: 7400 N. KENDALL DRIVE SUITE 315 MIAMI FL 33158  
Mailing Address: 7400 N. KENDALL DRIVE SUITE 315 MIAMI FL 33156-7721

3. Date Incorporated or Qualified: 02/21/1991  
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business: 21 8940 N. Kendall Dr Suite, Apt. #, etc: Suite 705-E City & State: Miami, FL Zip: 33176 Country: 25  
2a. Mailing Address: 26 8940 N. Kendall Dr Suite, Apt. #, etc: Suite 705-E City & State: Miami, FL Zip: 33176 Country: 30

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: Silvio Amico, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 6401 S.W. 27th Ave 83 Suite 114 84 City: Miami FL 85 Zip Code: 33173

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]* SILVIO AMICO DATE: 1-20-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MELLA, JUAN F.	
STREET ADDRESS	7400 N KENDALL DRIVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mella, Juan F.	
1.3 STREET ADDRESS	8940 N. Kendall Drive	
1.4 CITY - ST - ZIP	Suite 705-E / Miami, FL 33176	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 on an attachment with an address.

SIGNATURE: *[Signature]* Pres Juan F. Mella 1/13/97 3055858353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)