

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
Tallahassee, Florida 32304

APPROVED
AND
FILED

DOCUMENT # **S38158** (9)

95 MAY -1 AM 2:09

1. Corporation Name
VINCENT C. CHIN, M.D., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **19411 NW 2ND AVE. MIAMI FL 33169-3314**
Mailing Address: **19411 NW 2ND AVE. MIAMI FL 33169-3314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification: **03/12/1991**
3a. Date of Last Report: **02/03/1994**

2. Principal State of Business: **21**
2a. Mailed Address: **26**

4. FEI Number: **65-0262985**
Applied For: Not Applicable:

State Apt # etc: **22**
City & State: **23**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

City: **24** State: **25** City: **29** State: **30**

8. This corporation has failed to comply with section 607.029, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOBER, JOHN E.
1 SE 3RD AVE.
SUITE 1440
MIAMI FL 33131**

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 607.0502 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 607.0295, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: **D**
12.2 NAME: **CHIN, VINCENT C., M.D.**
12.3 STREET ADDRESS: **19411 NW 2ND AVE.**
12.4 CITY, ST, ZIP: **MIAMI FL**

13.1 1. TITLE: **P/T/D** Change Addition
13.2 2. NAME
13.3 3. STREET ADDRESS
13.4 4. CITY, ST, ZIP

12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY, ST, ZIP

13.5 5. TITLE Change Addition
13.6 6. NAME
13.7 7. STREET ADDRESS
13.8 8. CITY, ST, ZIP

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP

13.9 9. TITLE Change Addition
13.10 10. NAME
13.11 11. STREET ADDRESS
13.12 12. CITY, ST, ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY, ST, ZIP

13.13 13. TITLE Change Addition
13.14 14. NAME
13.15 15. STREET ADDRESS
13.16 16. CITY, ST, ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY, ST, ZIP

13.17 17. TITLE Change Addition
13.18 18. NAME
13.19 19. STREET ADDRESS
13.20 20. CITY, ST, ZIP

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY, ST, ZIP

13.21 21. TITLE Change Addition
13.22 22. NAME
13.23 23. STREET ADDRESS
13.24 24. 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 607.029(4)(b), 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 of this report, or as an attachment with an address.

SIGNATURE: *Vincent Chin* Vincent Chin 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR