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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S46190**

(2)

1. Corporation Name

JOSE E. GAMEZ, M.D., P.A.



Principal Place of Business

**8765 NW 153TH TERRACE
MIAMI FL 33016**

Mailing Address

**8765 NW 153TH TERRACE
MIAMI FL 33016**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CABRERA, RAUL D.
4201 S.W. 11TH STREET
MIAMI FL 33134**

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 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Signature of person filing this report (must be typed or printed)

Signature of Registered Agent (must be typed or printed)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
	D			☐
	GAMEZ, JOSE E.			
	8765 N.W. 153TH TERR.			
	MIAMI FL			
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
				☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
				☐
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. CHANGE	7. ADDITION
				☐	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. CHANGE	7. ADDITION
				☐	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. CHANGE	7. ADDITION
				☐	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. CHANGE	7. ADDITION
				☐	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. CHANGE	7. ADDITION
				☐	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	5. DELETE	6. CHANGE	7. ADDITION
				☐	☐	☐

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 119.07(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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE E. GAMEZ M.D.

5/25/96

DATE

DATE OF FILING

CR2E034 (12/95)