

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S49723** (7)

1. Corporation Name

SOUTH BROWARD MEDICAL GROUP AT DAVIE, INC.



Principal Place of Business

P O BOX 171126
HIALEAH FL 33017

Mailing Address

~~P O BOX 171126~~
~~HIALEAH FL 33017~~

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

25

Country

2a. Mailing Address

26

270 South Hibiscus Dr

Suite, Apt. #, etc.

27

City & State

28

Miami Beach FL

29

33139

30

Dade

3. Date Incorporated or Qualified

05/03/1991

3a. Date of Last Report

03/28/1995

4. FEI Number

65-0259572

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

TARACIDO, MANUEL
3501 S UNIVERSITY DR
#5
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

270 South Hibiscus Dr

83

84 City

Miami Beach

FL

85 Zip Code

33139

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, typed or printed name, of registered agent or director or officer.

(NOTE: Registered Agent signature required when changing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

TARACIDO, MANUEL

3501 S UNIVERSITY DR #5

DAVIE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

FUNDORA, WILFREDO

3501 S UNIVERSITY DR #5

DAVIE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

LUNA, JORGE

3501 S UNIVERSITY DR #5

DAVIE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

JUNCO, HECETOR

3501 S UNIVERSITY DR #5

DAVIE FL

☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

270 South Hibiscus Dr
Miami Beach, FL 33139

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel E. Taracido

4/22/96

305 3588007

Daytime Phone #

CR2E034 (12/95)