

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:00

DOCUMENT # **S93620** (0)  
1. Corporation Name  
**LUIS A. BAUZO, M.D., P.A.**

Principal Place of Business Mailing Address  
**9000 SW 152ND ST SUITE 205 MIAMI FL 33157-1942** **9000 SW 152ND ST SUITE 205 MIAMI FL 33157-1942**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/12/1991** 3a. Date of Last Report **03/08/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 29 Country 30 Zip 30 Country

4. FEI Number **65-0294706** 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 or intangible tax under §. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SAMOLE, MYRON M.  
9700 S DIXIE HWY  
SUITE 1030  
MIAMI FL 33156**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when consisting) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BAUZO, LUIS A</b>
STREET ADDRESS	<b>9000 SW 152ND ST #205</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 appearing with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this report, or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made (color appears in Block 12 or Block 13 if changed, or on an attachment with an address)

SIGNATURE: *[Signature]* **President**  
**Luis Bauzo MD** 1/29/95 305 245 8050  
(Signature) (Title) (Date) (Phone Number)