

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 # **V02131** (3)

1. Corporation Name
RODOLFO J. CEPERO, M.D., P.A.



Principal Place of Business: **555 BILTMORE WAY - SUITE # 201 - CORAL GABLES FL 33134 US**
Mailing Address: **555 BILTMORE WAY - SUITE # 201 - CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **12/24/1991**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **1150 CAMPO SANO**
21. Suite, Apt. #, etc.: **AUE. SUITE 410**
22. City & State: **CORAL GABLES, FL.**
23. Zip: **33146** Country: **USA**
24. Mailing Address: **1150 CAMPO SANO**
25. Suite, Apt. #, etc.: **AUE. SUITE #410**
26. City & State: **CORAL GABLES, FL.**
27. Zip: **33146** Country: **USA**
28. 29. 30.

4. FEI Number: **65-0302770**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fees 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

10. Name and Address of New Registered Agent

CEPERO, RODOLFO J MD
~~555 BILTMORE WAY, STE 201~~
~~CORAL GABLES FL 33134~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **1150 CAMPO SANO AUE.**
83 **SUITE # 410**
84 City: **CORAL GABLES** FL 85 Zip Code: **33146**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CEPERO, RODOLFO J	
STREET ADDRESS	555 BILTMORE WAY	
CITY - ST - ZIP	CORAL GABLES 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	
1.3 STREET ADDRESS	1150 CAMPO SANO AUE SUITE #410
1.4 CITY - ST - ZIP	CORAL GABLES FL 33146
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 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 as an attachment with an address.

SIGNATURE: *Rodolfo Cepero* ✓ **4/22/96** ✓ **305-668-2181**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Designation: _____

CR2E034 (12/95)