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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # V09692 (7)

1. Corporation Name
MEDICAL FAMILY PRACTICE, INC.

Principal Place of Business: **7405 W. 14TH AVE. HIALEAH FL 33014**

Mailing Address: **7405 W. 14TH AVE. HIALEAH FL 33014**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. Suite, Apt. #, etc. **27**

23. City & State: **28**

24. Zip: **25** Country: **29**

3. Date Incorporated or Qualified: **01/28/1982**

3a. Date of Last Report: **04/01/1994**

4. FEI Number: **65-0310222**

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

**MARIN, DOLORES
7405 W. 14TH AVE.
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81. Name: **Mary A Rodriguez**

82. Street Address (P.O. Box Number is Not Acceptable): **235 W 49 Street**

83. City: **Hialeah** State: **FL** Zip Code: **33012**

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: *Mary A. Rodriguez* DATE: **4-11-95**

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	ABRAHAMS, WANDA
STREET ADDRESS	719 WILLOW VIEW DRIVE
CITY - ST - ZIP	LAVERGNE TN
TITLE	VS
NAME	MARIN, DOLORES
STREET ADDRESS	7405 W. 14TH AVE.
CITY - ST - ZIP	HIALEAH FL
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gilbert A. Rodriguez	
1.3 STREET ADDRESS	235 W 49 Street	
1.4 CITY - ST - ZIP	Hialeah, Fl 33012	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary A Rodriguez	
2.3 STREET ADDRESS	235 W 49 Street	
2.4 CITY - ST - ZIP	Hialeah, FL. 33012	
3.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Angelia Shults	
3.3 STREET ADDRESS	235 W 49 Street	
3.4 CITY - ST - ZIP	Hialeah, Fl. 33012	
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 110.07(3)(b), 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 address.

SIGNATURE: *Gilbert A. Rodriguez* DATE: **4-11-95** Initial: **824-4646**