

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V09692** (7)
1. Corporation Name
MEDICAL FAMILY PRACTICE, INC.



Principal Place of Business Mailing Address
7405 W. 14TH AVE.
HIALEAH FL 33014

3. Date Incorporated or Qualified **01/28/1992** 3a. Date of Last Report **04/18/1995**
4. FEI Number **65-0310222** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, MARY A.
235 W 49 ST
MIAMI FL 33012

10. Name and Address of New Registered Agent

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 607.0502 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*
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

01-17-96
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, GILBERT A.			1.2 NAME	RODRIGUEZ, MARY A		
STREET ADDRESS	235 W 49 ST			1.3 STREET ADDRESS	235 W. 49th St		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	HIALEAH FL 33012		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP/SHULTS, ANGELIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, MARY A.			2.2 NAME			
STREET ADDRESS	235 W 49 ST			2.3 STREET ADDRESS	235 W. 49th St		
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP	HIALEAH FL 33012		
TITLE	TS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHULTS, ANGELIA			3.2 NAME			
STREET ADDRESS	235 W 49 ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address.

SIGNATURE: *Mary A. Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 305 821-4146
Date Daytime Phone #

CR2E034 (12/95)