FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
95 FEB -6 AM 11:55

DOCUMENT # **V15745** **(5)**

1. Corporation Name

PIZARRO AND TORRES EMERGENCY PHYSICIAN SERVICES, P.A.

Principal Place of Business	Mailing Address
80 S.W. 8TH STREET SUITE 2550 MIAMI FL 33130	80 S.W. 8TH STREET SUITE 2550 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1992
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o PAN AMERICAN HOSPITAL E/R	26 c/o H.U.R.A.
Suite, Apt. #, etc. 22 5959 N.W. 7th STREET	Suite, Apt. #, etc. 27 815 N.W. 57 AVE, #114
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip 24 33126 Country 25 DADE	Zip 29 33126 Country 30 DADE

4. FEI Number: 65-0310334 ☐ 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

RODRIGUEZ, JUAN E.
80 S.W. 8TH STREET
SUITE 2550
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name: EMILIO J. MONTE, H.U.R.A.
82 Street Address (P.O. Box Number is Not Acceptable): 815 N.W. 57 AVE, SUITE 114
83
84 City: MIAMI FL 85 Zip Code: 33126

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: EMILIO J. MONTE, CFO, H.U.R.A. 1/20/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PIZARRO, ANTHONY	1.2 NAME	
STREET ADDRESS	5959 N.W. 7TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TORRES, PELAYO	2.2 NAME	
STREET ADDRESS	5959 N.W. 7TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(i), 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: Pelayo Torres M.D. 1/20/95
SIGNATURE AND/OR PRINTED NAME OF PRESIDENT OR OFFICER OR DIRECTOR DATE (Daytime Phone #)

0126864 CP