

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V49589** (7)

1. Corporation Name
JOSE M. MARRERO, M.D., P.A.



Principal Place of Business
~~480 N UNIVERSITY DR.~~
~~LAUDERHILL FL 33951~~
US

Mailing Address
4488 N UNIVERSITY DR.
LAUDERHILL FL 33351
US

2. Principal Place of Business
21 **14301 S.W. 29TH CT.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **14301 S.W.**
Suite, Apt. #, etc.

23 **DAVIE FLORIDA**
City & State
24 **33330** Zip
25 **USA** Country

27 **29TH COURT**
City & State
28 **DAVIE FLORIDA**
City & State
29 **33330** Zip
30 **USA** Country

3. Date Incorporated or Qualified **07/10/1992**
3a. Date of Last Report **04/04/1995**

4. FEI Number **65-0346573**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Fraction 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

MARRERO, JOSE M.
~~4488 N UNIVERSITY DR.~~
~~LAUDERHILL FL 33351~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
14301 S.W. 29TH COURT
83
84 City **DAVIE** FL 85 Zip Code **33330**

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent (Typed or Printed Name)

Signature of Registered Agent (Typed or Printed Name)

Date

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARRERO, JOSE M.	
STREET ADDRESS	4488 N UNIVERSITY DR.	
CITY - ST - ZIP	LAUDERHILL 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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	14301 S.W. 29TH COURT
14 CITY - ST - ZIP	DAVIE FL 33330
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	900001771619
44 CITY - ST - ZIP	-04/08/96--01017--009
	***200.00
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Marrero

3/17/96

(954) 745-4433

CR2E034 (12/95)