

**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 # **J22493** (7)

1. Corporation Name  
**PARDO & LUPI, M.D.S., P.A.**



Principal Place of Business: **4302 ALTON ROAD, SUITE 580 MIAMI BEACH FL 33140**  
Mailing Address: **4302 ALTON ROAD, SUITE 580 MIAMI BEACH FL 33140**

2. Principal Place of Business  
21 **333 41<sup>st</sup> St**  
Suite, Apt. #, etc.  
22 **318**  
City & State  
23 **MIAMI Beach, FL**  
Zip Country  
24 **33140** 25 **USA**  
2a. Mailing Address  
26 **Box 257 E. Rivo Alto**  
Suite, Apt. #, etc. **DR.**  
27  
City & State  
28 **MIAMI Beach FL**  
Zip Country  
29 **33139** 30 **USA**

3. Date Incorporated or Qualified: **07/07/1986**  
3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-2697549**  
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  
**PARDO, JEFFREY J.**  
**8929 NW 12 ST**  
**STE 210**  
**MIAMI FL 33126**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**257 E. Rivo Alto Drive**  
83  
84 City **Miami Beach** FL 85 Zip Code **33135**

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 for all filings.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARDO, JUDITH G.	
STREET ADDRESS	<del>4302 ALTON ROAD #580</del> <b>333 41<sup>st</sup> St</b>	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	PARDO, JEFFREY J.	
STREET ADDRESS	<del>8929 NW 12 ST #210</del>	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LUPI, CARLA S.	
STREET ADDRESS	<del>4302 ALTON ROAD #580</del>	
CITY - ST - ZIP	MIAMI BEACH FL	
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	<b>333 41<sup>st</sup> St. # 318</b>
1.4 CITY - ST - ZIP	<b>Miami Beach, FL 33140</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>257 E. Rivo Alto Drive</b>
2.4 CITY - ST - ZIP	<b>Miami Beach FL 33135</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>333 41<sup>st</sup> St. # 318</b>
3.4 CITY - ST - ZIP	<b>Miami Beach, FL 33140</b>
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 Book 12 or Book 13 if changed, or on an amendment with an address.

SIGNATURE:   
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 305 439-3980  
DATE DAYTIME PHONE #

CR2E034 (12/95)