

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # J45412 (0)**  
1. Corporation Name

**ROLANDO SANCHEZ-MEDINA, M.D., INC.**



Principal Place of Business: 10220 S.W. 88TH STREET, MIAMI FL 33176, US  
Mailing Address: 10220 S.W. 88TH AVENUE, MIAMI FL 33176, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 12/02/1986  
3a. Date of Last Report: 02/03/1995  
4. FEI Number: 59-2809753  
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  
SANCHEZ-MEDINA, ROLAND J  
701 BRICKELL AVENUE  
SUITE 3000  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
81 Name: ROLANDO SANCHEZ-MEDINA  
82 Street Address (P.O. Box Number is Not Acceptable): 10220 SW 88 AVE  
83 City: MIAMI FLA FL 85 Zip Code: 33176

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: Signature, typed or printed name of registered agent and title (applicable) (NOT: Registered Agent Signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ-MEDINA, ROLANDO	
STREET ADDRESS	10220 S.W. 88TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	SISBLA SANCHEZ-MEDINA	
STREET ADDRESS	10220 SW 88AVE	
CITY - ST - ZIP	MIAMI FLA 33176	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	SISBLA SANCHEZ MEDINA
2.4 CITY - ST - ZIP	10220 SW 88AVE MIAMI FLA 33176
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200001803922
4.3 STREET ADDRESS	-05/02/96--01002--004
4.4 CITY - ST - ZIP	***200.00
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	5-1-96
6.3 STREET ADDRESS	072
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: *Rolando Sanchez Medina* DATE: *4/22/96*

CR2E034 (12/95)