

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000022765 (0)  
1. Corporation Name  
PELAYO MEDICAL CENTER, INC.



Principal Place of Business: 600 NW 35TH AVE SUITE 100 MIAMI FL 33125  
Mailing Address: 600 NW 35TH AVE SUITE 100 MIAMI FL 33125-4024

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1500 S.W. 27 AVENUE	26 1500 S.W. 27 AVE	03/24/1993	05/28/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 MIAMI, FL	28 MIAMI, FL	65-0398591	Not Applicable
24 33145-2043 USA	29 33145-2043 USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PELAYO, JOSE A 600 N.W. 35 AVENUE SUITE 100 MIAMI FL 33125	81 Name PELAYO, JOSE A. 82 Street Address (P.O. Box Number is Not Acceptable) 1500 S.W. 27 AVE 83 84 City MIAMI FL 85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.0102 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 understand and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: JOSE A. PELAYO DIRECTOR DATE: 3/17/97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE D	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME PELAYO, JOSE A.	1.2 NAME
3. STREET ADDRESS 600 NW 35 AVE STE 100	1.3 STREET ADDRESS 1500 S.W. 27 AVENUE
4. CITY - ST - ZIP MIAMI FL	1.4 CITY - ST - ZIP MIAMI, FL 33145-2043
5. TITLE DS	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME MANZANO, MIREYA	2.2 NAME
7. STREET ADDRESS 8450 SW 83RD ST	2.3 STREET ADDRESS 1500 S.W. 27 AVENUE
8. CITY - ST - ZIP MIAMI FL 33143	2.4 CITY - ST - ZIP MIAMI, FL 33145-2043
9. TITLE D	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME GERARDO, MANZANO	3.2 NAME
11. STREET ADDRESS 8450 SW 83 ST	3.3 STREET ADDRESS 1500 S.W. 27 AVENUE
12. CITY - ST - ZIP MIAMI FL	3.4 CITY - ST - ZIP MIAMI, FL 33145-2043
13. TITLE DT	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME MANZANO, GERARDO	4.2 NAME
15. STREET ADDRESS 8450 SW 83RD ST.	4.3 STREET ADDRESS 1500 S.W. 27 AVENUE
16. CITY - ST - ZIP MIAMI FL 33143	4.4 CITY - ST - ZIP MIAMI, FL 33145-2043
17. TITLE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY - ST - ZIP	5.4 CITY - ST - ZIP
21. TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. CITY - ST - ZIP	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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: DIRECTOR DATE: 3/17/97 305-448-1500

CR2E034 (9/96)