

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000003189 (5)**

1. Corporation Name:  
**ALL-FLORIDA HEALTHCARE CENTER, INC.**



Principal Place of Business <b>5851 W FLAGLER STREET MIAMI FL 33144 US</b>	Mailing Address <b>5843 W FLAGLER ST MIAMI FL 33144-3318 US</b>
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3. Date Incorporated or Qualified <b>01/13/1994</b>	3a. Date of Last Report <b>07/22/1996</b>
4. FEI Number <b>65-0463180</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business <b>5840 W. Flagler St.</b> Suite, Apt #, etc. <b>#5 Suite</b>	22. City & State <b>Miami, FL</b>	23. Zip <b>33156</b>	24. Country <b>USA</b>	25. Mailing Address <b>5843 W. Flagler St.</b> Suite, Apt #, etc. <b>-</b>	26. City & State <b>Miami FL</b>	27. Zip <b>33144</b>	28. Country <b>USA</b>
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**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CAMPS, MARIA E  
780 NW LEJEUNE RD  
SUITE 404  
MIAMI FL 33126**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

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 when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>QUIRANTES, MARIA</b>	
STREET ADDRESS <b>6436 SW 16 ST</b>	
CITY - ST - ZIP <b>MIAMI FL 33155</b>	
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	
1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Maria Quirantes</b>	
1.3 STREET ADDRESS <b>7360 SW 128 St.</b>	
1.4 CITY - ST - ZIP <b>Miami, FL 33156</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	
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 <b>200002144342</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>-04/16/97--01002--050</b>	
6.3 STREET ADDRESS <b>***165.00</b>	
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: Maria Quirantes 4/4/97 (305) 261-2226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)