

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000005224 (7)**
1. Corporation Name

ALHAM MEDICAL CENTER, CORP.



Principal Place of Business: **147 ALHAMBRA CIRCLE SUITE 110 CORAL GABLES FL 33134**
Mailing Address: **147 ALHAMBRA CIRCLE SUITE 110 CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **01/18/1995**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **65-0543992**
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

2. Principal Place of Business: **21 SAME AS ABOVE**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26 SAME AS ABOVE**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**YAO, ZHENWEI
ALHAM MEDICAL CENTER, CORP.
147 ALHAMBRA CIRCLE, SUITE 110
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: **N/A**
82 Street Address (P.O. Box Number is Not Acceptable): **N/A**
83 **N/A**
84 City: **FL** 85 Zip Code: **N/A**

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: *Victor Rincon, Vice-President* DATE: **6/17/96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	YAO, ZHENWEI	
STREET ADDRESS	8395 SW 77 AVE #T047	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, MARTIN S	
STREET ADDRESS	8500 SW 82ND ST #204	
CITY - ST - ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RINCON, VICTOR P	
STREET ADDRESS	2325 W 60 ST #204	
CITY - ST - ZIP	HIALEAH FL 33016	
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

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	YAO, ZHENWEI	
13 STREET ADDRESS	8760 SW 80 ST	
14 CITY - ST - ZIP	MIAMI FL 33173	
21 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	RINCON VICTOR	
23 STREET ADDRESS	13061 NW 10 TERR.	
24 CITY - ST - ZIP	MIAMI, FL 33182	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Victor Rincon, Vice-President* DATE: **6/17/96** ORIGINAL PHONE #: **(305) 569-0384**

CR2E034 (3/96)