

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 328103

(7)

1. Corporation Name  
CLINICAS PASTEUR, INC.

FILED

97 MAY -1 PM 2: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

ONE ALHAMBRA PLAZA  
SUITE 1000  
CORAL GABLES FL 33134

5995 PLAZA DRIVE  
MS#1480  
CYPRESS CA 90630-5028

2. Principal Place of Business

2a. Mailing Address

21

26 One Alhambra Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite 1000

City & State

City & State

23

28 Coral Gables, FL

Zip

Country

Zip

Country

24

25

29 33134

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

Gerald B. Sternstein

82 Street Address (P.O. Box Number is Not Acceptable)

215 South Monroe Street

83

Suite 815

84

Tallahassee

FL

85 Zip Code

32301

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

GERALD B. STERNSTEIN, ESQ. 4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME  
D LOWELL, WAYNE  
STREET ADDRESS  
5995 PLAZA DRIVE  
CITY-ST-ZIP  
CYPRESS CA 90630

TITLE ☒ DELETE

NAME  
S KONOWIECKI, JOSEPH  
STREET ADDRESS  
5995 PLAZA DRIVE  
CITY-ST-ZIP  
CYPRESS CA 90630

TITLE ☒ DELETE

NAME  
V SPIVACK, DAVID  
STREET ADDRESS  
1 ALHAMBRA PLAZA STE. 1000  
CITY-ST-ZIP  
CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME  
T GARROTE, IVONNE  
STREET ADDRESS  
1 ALHAMBRA PLAZA STE. 1000  
CITY-ST-ZIP  
CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME  
PD GOODSTEIN, MITCHELL  
STREET ADDRESS  
1 ALHAMBRA PLAZA STE. 1000  
CITY-ST-ZIP  
CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME  
DC FOLICK, JEFF  
STREET ADDRESS  
5995 PLAZA DR.  
CITY-ST-ZIP  
CYPRESS CA 90630

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/T/D

☐ Change ☒ Addition

Kenneth Rimmer

One Alhambra Plaza, Suite 1000

Coral Gables, FL 33134

V/S

☐ Change ☒ Addition

Robyn Arrington, Jr. MD

One Alhambra Plaza, Suite 1000

Coral Gables, FL 33134

200002162132--9

-05/01/97--01062-029

\*\*\*\*165.00 \*\*\*\*165.00

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

313-871-7877

Daytime Phone #

CR2E034 (9/96)