

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 696453 (0)

1. Corporation Name
AMERICAN MEDICAL PLAZA, INC.



Principal Place of Business 8701 SW 137TH AVE SUITE 300 MIAMI FL 33183 US	Mailing Address 8701 SW 137TH AVE SUITE 300 MIAMI FL 33183-4498 US
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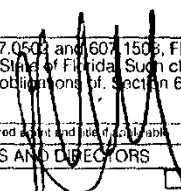
3. Date Incorporated or Qualified 07/29/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2137761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 11880 Bird Road Suite, Apt. #, etc. 22 #201 City & State 23 Miami, FL Zip 24 33175 Country 25 USA	2a. Mailing Address 26 11880 Bird Road Suite, Apt. #, etc. 27 #201 City & State 28 Miami, FL Zip 29 33175 Country 30 USA
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9. Name and Address of Current Registered Agent
MUDD, JOHN
8701 137TH AVE
SUITE 300
MIAMI FL 33183

10. Name and Address of New Registered Agent	
81 Name John Mudd	
82 Street Address (P.O. Box Number is Not Acceptable) 11880 Bird Road	
83 #201	
84 City Miami,	85 Zip Code FL 33175

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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  John Mudd
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SCHAEFER, PAUL	
STREET ADDRESS	8701 SW 137TH AVE, #300	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUDD, JOHN	
STREET ADDRESS	8701 SW 137TH AVE SUITE 300	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WIENER, A.B.	
STREET ADDRESS	8701 137TH AVE SUITE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MIRANDA, ELSE	
STREET ADDRESS	8701 SW 137TH AVE, #300	
CITY-ST-ZIP	MIAMI FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	11880 Bird Road, #201	
1.4 CITY-ST-ZIP	Miami, FL 33175	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	11880 Bird Road, #201	
2.4 CITY-ST-ZIP	Miami, FL 33175	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	11880 Bird Road, #201	
3.4 CITY-ST-ZIP	Miami, FL 33175	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Miranda, Elda	
4.3 STREET ADDRESS	11880 Bird Road, #201	
4.4 CITY-ST-ZIP	Miami, FL 33175	
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		
6.3 STREET ADDRESS		
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:  John Mudd

305-229-3949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0248746

CR2E034 (9/96)