FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

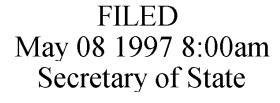
Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

730329

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PHYSICIAN'S ASSOCIATION OF CLINICS, HOSPITALS AN D ANNEX, INC.





Principal Place of Business Malling Address							# HODEST INDUCATION OF STATE STATE STATE THAT WE SET STATE S
1701 W. FLAGLER STREET #2 1701 W. FLAGLER STREET #2 MIAMI FL 33135-2018				Τ #2			
							3. Date Incorporated or Qualified 3a. Date of Last Report 07/19/1974 04/22/1996
2. Principal Place of Business 2a. Mailing Address 21							4. FEI Number Applied For S9-2776440 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				<u>-</u>			eg 76 Additional
22 27							5. Certificate of Status Desired Fee Required
City & State			City & State			········	Election Campaign Financing \$5.00 May Be
23	28						Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou			8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30			Florida Statutes Yes No
	9. Name and Address of Cur	rent Regist	ered Agent				10. Name and Address of New Registered Agent
					81	Name	
SILVEIRA	A, FRANK DIAZ				82	Street A	Address (P.O. Box Number is Not Acceptable)
2153 CORAL WAY							
SUITE #	607				83		
MIAMI F	L 33145			,	84	City	B5 Zip Code
Ĺ						•	FL ()
11. Pursuant	to the provisions of Sections 617.0	0502 and 61	7.1508, Florida Statu	ites, the a	bove	-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the ob	ligations of	Section 617.0503, F	lorida Stat	tutes	ine corp ;	poration's board or offectors, mereby accept the appointment as registered
SIGNATURE	Signature typed or printed name of registered	anak and kills	Laurentia (NO	VE Davistan	- A		e required when reinstating) DATE
12.	OFFICERS			13.	U AUG	III BIGI BROTO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	THE DITTE	XI DELETE	1,1 10	TLE		to Change Addition
NAME	DE LA PEDRAJA, OSVALDI	า		1.2 N		l	PD
STREET ADDRESS	4776 S.W. 8TH STREET					ADDRESS	LAGO, VICENTE
CITY-ST-ZIP	CORAL GABLES FL				ITY-SI		1100 S.W. 57 Ave.
TITLE	SD		DELETE	2.1 TI		1-21	Miami, Fl. 33144 Change Addition
NAME				2.2 N		ľ	SD
STREET ADDRESS	1701 WEST FLAGLER ST.,	40			-	ADDRESS	LOPEZ, DANILO
1	MIAMI FL						1605 Pennsylvania Ave. #501
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.1 TI	ITY-S	1-214	Miami Beach, F1. 33139 K Change Addition
NAME			3.1 N		ł	TD	
STREET ADDRESS	935 W. 49TH STREET, SUI	TE 202				ADDRESS	ARENCIBIA, FERNANDO
CITY-ST-ZIP						T-ZIP	10442 S.W. 21 St.
TITLE	UNTENTIFE.		DELETE	4.1 11		n- gir	
NAME			best section	4.2 N		ļ	Miami, F1. 33165
STREET ADDRESS	·					ADDRESS	
1				1			
CITY-ST-7IP			DELETE	5.1 TI	TY-ST	1-5IF	Change Addition
NAME			- 5555,5	5.2 N			Total of the second of the sec
STREET ADDRESS						ADDRESS	
(1	1
CITY-ST-ZIP TITLE			DELETE	5.4 CI	TY-ST	1-417	Change Addition
NAME			Frid Street	6.2 N		ļ	CT Oriente CT MONITOR
(4000000	
STREET ADDRESS				L		ADDRESS	
CITY-ST-ZIP	all at at at a later and	عاد العاليين المادات	FIG. 10 - 127 - 12	6.4 CI	[Y-S	I - ZIP	Land Service 440 02/00/0 Florid Challes I Land Challes and Challes I Land

I do hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED RATE OF SIGNING OFFICER OR DE

4-24-97

(305-642-3093)

Daytime Phone # 0029062