

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90018 032 \*\*\*150.00



|                                                       |                                                                                   |                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # G90375**

1. Corporation Name  
**B & P MEDICAL CENTER, INC.**

|                                                                                                                                |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O LUIS R. BAZO<br><del>1639 WEST FLAGLER STREET</del><br><del>MIAMI FL 33135</del> <b>OLD</b> | Mailing Address<br>C/O LUIS R. BAZO<br><del>1639 WEST FLAGLER STREET</del> <b>OLD</b><br><del>MIAMI FL 33135</del> |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                            |  |                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 <b>B &amp; P MEDICAL CENTER, INC.</b><br>Suite, Apt. #, etc.<br>22 <b>3939 NW 7th Street # 202</b><br>City & State<br>23 <b>MIAMI FLORIDA USA</b><br>Zip<br>24 <b>33126</b> Country<br>25 |  | 2a. Mailing Address<br>26 <b>B &amp; P MEDICAL CENTER, INC.</b><br>Suite, Apt. #, etc.<br>27 <b>3939 NW 7th Street # 202</b><br>City & State<br>28 <b>MIAMI FLORIDA</b><br>Zip<br>29 <b>33126</b> Country<br>30 <b>USA</b> |  | 3. Date Incorporated or Qualified<br><b>02/01/1984</b>                                                                                                  |  |
| 4. FEI Number<br><b>59-2385062</b>                                                                                                                                                                                             |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                         |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                          |  | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                    |  |                                                                                                                                                         |  |
| 9. Name and Address of Current Registered Agent<br><b>BAZO, LUIS R.</b><br><del>1639 WEST FLAGLER STREET</del><br><del>MIAMI FL 33135</del> <b>NEW ADDRESS.</b>                                                                |  |                                                                                                                                                                                                                            |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | DS <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAZO, ARMONIA                      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11490 SW 24 ST                     | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL 33165                     | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | DP <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAZO, LUIS R                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11490 SW 24 ST                     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | MIAMI FL 33165                     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LUIS R. BAZO**

**3/2/99**

Date

**(305) 643-2600**

Daytime Phone #

CR2E034 (11/98)