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PROFIT CORPORATION **ANNUAL REPORT**

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J51805 BARTON MEDICAL CENTER INC.

(6)

FILED May 16 1997 8:00am Secretary of State



Principal Place of Business 1838 SOUTHWEST EIGHTH STREET CORAL GABLES FL 83134		48	Mailing Address 4838 SOUTHWEST EIGHTH STREET CORAL GABLES FL 33134-2523							
·							3. Date Incorporated or Qualified 01/08/1987	3s. Date 08/14	of Last R 1/1996	eport
2. Principal Place of Business 21		2a. 26	, Mailing Address				4. FEI Number 59-2757734		<u> </u>	oplied For ot Applicat
Sulte, Apt. #,	elc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country		Zip		ountr	у .	8. This corporation has liability for in			. 199.032,
4	25 9. Name and Address of Curr	[29]	stared Asset	30			Florida Statutes 10. Name and Address of New Reg	Yes		···
DADTO	ON, MARITZA	rent negra	Neibu Ayeni		81	I Name	10. Name and Address of New Reg	IISISIBO AL	MILL	
4836	SOUTHWEST EIGHTH STRE L GABLES FL 33134	ET			82		fress (P.O. Box Number is Not Acceptabl	e)		
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				:	84	City		FL	85 Zip	Code
egent. I am SIGNATURE	familiar with, and accept the ob	oligations of	f, Section 607.0505,	, Florida Si	latute	98.	poration submits this statement for the pu ation's board of directors. I hereby accept		ntment as	registere
12.	gneture, typed or printed name of registered OFFICERS A			NO16 · Registe		ent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND F	VIDECTOR	2C IN 12
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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.