SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROEIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J9

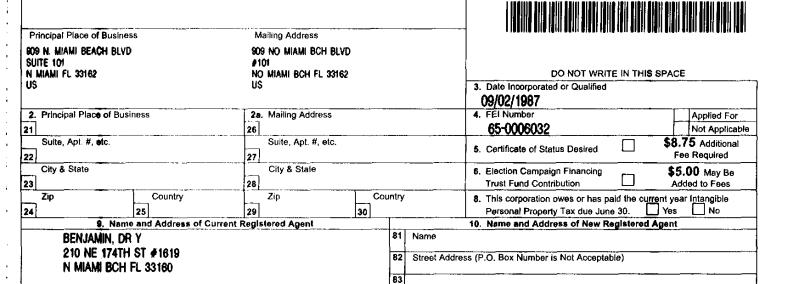
1998

J90489

167TH STREET MEDICAL CENTER, INC.

(2)

FILED Jul 28 1998 8:00am Secretary of State



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.

84 City

agant. Lam laminar with, and accept the obligations of, section our 1000s, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered egent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BENJAMIN, Y.,DR.M.D.		1.2 NAME		
STREET ADDRESS	210 NE 174TH ST. #1619		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		İ
TITLE		DELETE	2 1 TITLE		Change Addition
NAME	L	D2012	2 2 NAME		C. Ontarigo C. Producti
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	_		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELET E	5.1 TITLE	90000260 -07/31/98010	Ctrange Addition
NAME			5.2 NAME	-07/31/98 01(309 03 7
STREET ADDRESS			5.3 STREET ADDRESS	***150.60	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		lpha
STREET ADDRESS	a de la companya de		63 STREET ADDRESS		1220

14. I hereby certify that the information supplied with this tiling 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 of supplemental annual report is true application and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of this comparation or the receiver or busted 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 altertity an address.

6.4 CITY-ST-ZIP

.....

CITY-ST-ZIP

CR2E034 (5/98)

Zip Code

July14,1998



Florida Department of State P.O. Box 1500 Tallahassee, FL. 32302-1500

I have received a second notice for the annual report of 167TH STREET MEDICAL CENTER, INC. but never received the first notice. Since I have no reason not to pay on time I would have done it if I had received the first notice.

I'm including a check of \$150.00 that will cover the fee for the 1998 Profit Corporation Annual Report.

Thank you for your cooperation.

Sincerely,

Yukhanan Benjamin President

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