

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K20461 (5)**

1. Corporation Name
CENTRO MEDICO QUIRURGICO, INC.



Principal Place of Business: **300 SW 107 AVE. #112 MIAMI FL 33174**
Mailing Address: **GOMEZ, IVAN, PA 601 BRICKELL KEY DR STE 507 MIAMI FL 33131 US**

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/04/1988**
3a. Date of Last Report: **07/19/1995**
4. FEI Number: **65-0086310**
5. Certificate of Status Desired: **XX** \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **BADA, BEVERLY 10150 N. W. 133 STREET HIALEAH GARDENS FL 33016**
10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BADA, BEVERLY		2. NAME	
STREET ADDRESS: 10150 NW 133 STREET		3. STREET ADDRESS	
CITY-ST-ZIP: HIALEAH GARDENS FL		4. CITY-ST-ZIP	
TITLE: VD	<input type="checkbox"/> DELETE	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BADA, JR M		2. NAME: BADA, ALVARO	
STREET ADDRESS: 10150 NW 133 ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Beverly Bada* **BEVERLY BADA** DATE: **4/17/96** (305) 371-9213

CR2E034 (12/95)