

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

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**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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  
**GOMEZIVAN.PA  
 601 BRICKELL KEY DR STE 507  
 MIAMI FL 33131-2650  
 US**

3. Date Incorporated or Qualified **04/04/1988** 3a. Date of Last Report **04/24/1996**

4. FEI Number **65-0086310** Applied For  Not Applicable

5. Certificate of Status Desired  **\$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

2. Principal Place of Business

21. State, Apt. #, etc

22. City & State

23. Zip Country

24. Zip Country

25. Country

26. Mailing Address

27. State, Apt. #, etc

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent  
**BADA, BEVERLY  
 10150 N. W. 133 STREET  
 HIALEAH GARDENS FL 33018**

10. Name and Address of New Registered Agent

81 Name **Ivan A. Gomez, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**601 Brickell Key Drive**

83 **Suite 507**

84 City **Miami** 85 State **FL** 86 Zip Code **33131**

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: **Ivan A. Gomez, P.A.** By: *[Signature]* **Ivan A. Gomez, P.A., President** DATE: **1/15/97**

12. OFFICERS AND DIRECTORS

12.1 PD  DELETE  
 NAME: **BADA, BEVERLY**  
 STREET ADDRESS: **10150 NW 133 STREET**  
 CITY-ST-ZIP: **HIALEAH GARDENS FL**

12.2 VD  DELETE  
 NAME: **BADA, ALVARO**  
 STREET ADDRESS: **10150 NW 133 ST.**  
 CITY-ST-ZIP: **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* **Beverly Bada, President** DATE: **4/10/97** (305) 371-9213

CR2E034 (9/96)