

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

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90015 013 \*\*\*150.00  
 04-25-1999 90015 014 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **K20461**  
 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**

3. Date Incorporated or Qualified  
**04/04/1988**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29

30

9. Name and Address of Current Registered Agent  
**GOMEZ, IVAN A  
 601 BRICKELL KEY DR  
 STE 507  
 MIAMI FL 33131**

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** FL 85 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], Pres. 1/29/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BADA, BEVERLY	
STREET ADDRESS	10150 NW 133 STREET	
CITY-ST-ZIP	HALEAH GARDENS FL 33018	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BADA, ALVARO	
STREET ADDRESS	10150 NW 133 ST.	
CITY-ST-ZIP	HALEAH GARDENS FL 33018	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]** 4/12/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)