

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

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**May 07 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 # K20756 (8)**

1. Corporation Name  
**DOCTOR'S GROUP OF MIAMI, INC.**



Principal Place of Business: **4530 NW 7TH STREET MIAMI FL 33126**

Mailing Address: **4530 NW 7TH STREET MIAMI FL 33126-2307**

*1855 SW 1ST #202 MIAMI, FL 33135*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>04/11/1988</b>	3a. Date of Last Report <b>06/07/1996</b>
4. FEI Number <b>65-0059461</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EIDA ARTIGAS**  
**4530 NW 7TH STREET MIAMI FL 33126**

*1855 SW 1ST #202 MIAMI, FL 33135*

10. Name and Address of New Registered Agent

81 Name: *EIDA ARTIGAS*

82 Street Address (P.O. Box Number is Not Acceptable): *1855 SW 1ST #202*

83 *MIAMI, FL 33135*

84 City: *MIAMI, FL* 85 Zip Code: *33135*

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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: *[Signature]* DATE: *4/28/97*

12. OFFICERS AND DIRECTORS

TITLE	P/T	<input type="checkbox"/> DELETE
NAME	ARTIGAS, EIDA	
STREET ADDRESS	4530 NW 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	V/T	<input type="checkbox"/> DELETE
NAME	ARTIGAS, EIDA	
STREET ADDRESS	4530 NW 7TH STREET	
CITY-ST-ZIP	MIAMI FL 33126	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EIDA ARTIGAS	
1.3 STREET ADDRESS	1855 SW 1ST #202	
1.4 CITY-ST-ZIP	MIAMI, FL 33135	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Olga Guerra	
2.3 STREET ADDRESS	4530 NW 7th	
2.4 CITY-ST-ZIP	MIAMI, FL 33126	
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 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.

CR2E034 (9/96)