FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K77153 (0)

1. Corporate Name
TOP QUALITY MEDICAL CENTER, INC.

Principal Place of Business:
%VICENTE O. BOUZA
1901 SW 27TH AVE
MIAMI FL 33145

Mailing Address:
%VICENTE O. BOUZA
1901 SW 27TH AVE
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/1989	08/09/1994

4. FEI Number: 65-0113518 — 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. Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business — 2a. Mailing Address (blank)

9. Name and Address of Current Registered Agent

BOUZA, VICENTE O.
1901 SW 27TH AVE
MIAMI FL 33145

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

11. Pursuant to the provisions of sections 607.0502 and 617.0502, 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

12. Officers and Directors

TITLE	DP
NAME	BOUZA, VICENTE O.
STREET ADDRESS	3001 SW 14TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	ST
NAME	BOUZA, MARIA E.
STREET ADDRESS	1901 S.W. 27 AVE
CITY-ST-ZIP	MIAMI FL

13. Additions/Changes to Officers and Directors in 12

(blank)

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)(i), Florida Statutes. I further certify that the information indicated on the 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]* 1/31/95 285-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICENTE BOUZA PRE.

0188203 CP