

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
 AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L49852 (1)

1. Corporation Name
 ALLAPATTAH MEDICAL CENTER, INC.

Principal Place of Business Mailing Address
 1644 NW 17TH AVE MIAMI FL 33125 1644 NW 17TH AVE MIAMI FL 33125

FILED
 96 NOV -6 AM 9:11
 SECRETARY OF STATE
 TALLAHASSEE

REINSTATEMENT 1996 11-2-96

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

3. Date Incorporated or Qualified 02/14/1990 3a. Date of Last Report 04/27/1995
 4. FEI Number 65-0180921 Applied For Not Applicable
 5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [] Yes [] No

9. Name and Address of Current Registered Agent
 CABALLERO, LUISA
 1844 NW 17TH AVE
 MIAMI FL 33125

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 *Luisa Caballero* DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	CABALLERO, LUISA	
STREET ADDRESS	561 SW 80TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SV	DELETE
NAME	MORALES, IGNACIO	
STREET ADDRESS	846 WEST 41 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	SECRETARY V.	Change	Addition
2.2 NAME	CARLOS JARRO		
2.3 STREET ADDRESS	1644 NW 17 AVE		
2.4 CITY-ST-ZIP	MIAMI, FL. 33125		
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			

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 ***375.00 ***375.00

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Luisa Caballero* DATE: 11/3/96 (205) 764 1331

CR2E034 (3/96)