

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

APPROVED
AND
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97 FEB 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L64112 (0)
1. Corporation Name
MIRIAM GARCIA-PORTELA, M.D., P.A.



Principal Place of Business 3431 S.W. 3RD STREET MIAMI FL 33135	Mailing Address 3431 S.W. 3RD STREET MIAMI FL 33135-2539
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3. Date Incorporated or Qualified 04/06/1990	3a. Date of Last Report 02/05/1996
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2. Principal Place of Business 3431 S.W. 3RD STREET MIAMI FL 33135	2a. Mailing Address 330 SW 27 Ave 509 MIAMI FL	4. FEI Number 65-0182202	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		29. 33135	30. Dade
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

g. Name and Address of Current Registered Agent GARCIA-PORTELA, MIRIAM, M.D., P.A. 3431 S.W. 3RD STREET MIAMI FL 33135		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	2555 COLLINS AVE # 206
		83. City	MIAMI BEACH
		84. State	FL
		85. Zip Code	33140

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA-PORTELA, MIRIAM	1.2 NAME	
STREET ADDRESS	3431 S.W. 3RD ST.	1.3 STREET ADDRESS	2555 COLLINS AVE. # 2106
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	000002085570--6
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-02/12/97--01095--001
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ DATE **2/10/97**

CF2E034 (9/96)