

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

FILED

Feb 10 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 # M12136 (1)

1. Corporation Name
G & C MEDICAL OFFICES, INC

Principal Place of Business
6043 NW 167 ST #A-1
HALEAH FL 33015-1316

Mailing Address
6043 NW 167 ST #A-1
HALEAH FL 33015-4316



3. Date Incorporated or Qualified 03/04/1985 3a. Date of Last Report 01/26/1996

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

4. FEI Number 59-2501627 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CARRERAS, MARIA C.
9835 SW 30 ST
MIAMI FL 33185

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | |
|-----------------|----------------------|--------|---------------------|--------|----------|
| TITLE | PD | DELETE | 1.1 TITLE | Change | Addition |
| NAME | CARRERAS, GERARDO T. | | 1.2 NAME | | |
| STREET ADDRESS | 9835 S.W. 30 ST. | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI FL | | 1.4 CITY - ST - ZIP | | |
| TITLE | VSD | DELETE | 2.1 TITLE | Change | Addition |
| NAME | CARRERAS, MARIA C. | | 2.2 NAME | | |
| STREET ADDRESS | 9835 S.W. 30 ST. | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MIAMI FL | | 2.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 3.1 TITLE | Change | Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 3.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | Change | Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | Change | Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | Change | 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 as an attachment with an address.

SIGNATURE: Maria Carreras VSD 1/31/97 305-848282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)