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FILED
May 13 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 # M21879 (5)
1. Corporation Name
ASSOCIATED OUTPATIENT MEDICAL INSTITUTE, INC.



Principal Place of Business
7100 W. 20TH AVE., SUITE 606, (33016)
P.O. BOX 5317
HIALEAH FL 33014

Mailing Address
7100 W. 20TH AVE., SUITE 606, (33016)
P.O. BOX 5317
HIALEAH FL 33014-1317

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
10/11/1985

3a. Date of Last Report
04/24/1996

4. FEI Number
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
LEYVA, HORACE A.
7100 W. 20TH AVE., #606
HIALEAH FL 33016

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	LEYVA, HORACIO	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME				1.2 NAME			
STREET ADDRESS		16000 KINGSMOOR WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP		MIAMI LAKES FL		1.4 CITY-ST-ZIP			
TITLE			☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address.

SIGNATURE: *[Signature]* 4-15-97 305-823-3535

CR2E034 (9/96)