

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

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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M35675** (1)  
1. Corporation Name  
**LEON MEDICAL CENTERS, INC.**

Principal Place of Business <b>101 SW 27TH AVENUE MIAMI FL 33135 US</b>	Mailing Address <b>101 SW 27TH AVENUE MIAMI FL 33135-1420 US</b>
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/23/1986</b>		3a. Date of Last Report <b>05/01/1996</b>	
				4. FEI Number <b>65-0552951</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
g. Name and Address of Current Registered Agent <b>ABESADA, PETER 2903 SALZEDO STREET CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent 81 Name <b>JEFFREY E. LEHRMAN, ESQUIRE, PROFESSIONAL CORPORATION</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2699 S BAYSHORE DRIVE</b> 83 SUITE 300D 84 City <b>COCONUT GROVE</b> 85 Zip Code <b>FL 33133</b>			

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 Jeffrey E Lehrman, Esq. DATE 4/29/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	
NAME	<b>LEON, BENJAMIN, JR.</b>	1.2 NAME	
STREET ADDRESS	<b>11901 SW 84 STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: BENJAMIN LEON, JR. 4/29/97 (305) 642-5366

CR2E034 (9/96)