

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M53356** (5)

1. Corporation Name:
CARIBE MEDICAL CENTER, INC.

Principal Place of Business 24 N.W. 29 ST MIAMI FL 33127	Mailing Address 24 N.W. 29 ST MIAMI FL 33127-3960
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1987	3a. Date of Last Report 05/16/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2815219		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ORTIZ, MILDRED 9978 SW 152ND TERRACE MIAMI FL 33157		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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEVEREZ, MARIA DEL C.	1.2 NAME	
STREET ADDRESS	11320 SW 155 ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, MILDRED	2.2 NAME	
STREET ADDRESS	9978 SW 152 TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	Dr. Dagoberto Delavega M.D.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Medical Director	3.2 NAME	
STREET ADDRESS	1466 SW 21st	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33155	3.4 CITY - ST - ZIP	
TITLE	Esthermarie Laureano	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Administrator	4.2 NAME	
STREET ADDRESS	11320 SW 155 ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33157	4.4 CITY - ST - ZIP	
TITLE		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		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: *Mildred Ortiz* 4-26-97 (325) 573-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)