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Feb 19 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 # M60070 (3)

1. Corporation Name
SOUTHEAST MEDICAL ASSOCIATION, INC.

Principal Place of Business
C/O CARIDAD A. LOPEZ
42 N.W. 27TH AVENUE, SUITE #309
MIAMI FL 33125

Mailing Address
C/O CARIDAD A. LOPEZ
42 N.W. 27TH AVENUE, SUITE #309
MIAMI FL 33125-5125



3. Date Incorporated or Qualified 09/30/1987
3a. Date of Last Report 02/06/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0007835	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

8. Name and Address of Current Registered Agent

LOPEZ, CARIDAD A.
42 N.W. 27TH AVE.
SUITE 309
MIAMI FL 33135

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	
NAME	LOPEZ, CARIDAD A.	1.2 NAME	
STREET ADDRESS	2871 NW 4TH TERRACE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	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 trustee or partner authorized 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: *Caridad A. Lopez* 2-13-97 (305) 541-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)