

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M60654 (4)

1. Corporation Name

FLAMINGO PARK MEDICAL CENTER CORPORATION



Principal Place of Business

Mailing Address

**4410 W 16 AVE #26
HIALEAH FL 33012**

**4410 W 16 AVE #26
HIALEAH FL 33012**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/13/1987

3a. Date of Last Report

06/20/1995

4. FEI Number

65-0008828

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

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

Signature of Registered Agent (Type or Print Name)

Signature of New Registered Agent (Type or Print Name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, RAFAEL	
STREET ADDRESS	4410 W 16 AVE #26	
CITY-STATE-ZIP	HIALEAH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JORGE, MARIA	
STREET ADDRESS	4410 W 16 AVENUE #26	
CITY-STATE-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY-STATE-ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY-STATE-ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-STATE-ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY-STATE-ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY-STATE-ZIP	
38 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39 NAME	
40 STREET ADDRESS	
41 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Rafael Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL GUTIERREZ
PRESIDENT

3/14/96

302-3577

DP-1

Company Phone #

CR2E034 (12/95)