

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:15

DOCUMENT # **M72399** (2)
CORAL GABLES SURGICAL & MEDICAL CENTER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 5511 S.W. 8TH STREET #101 MIAMI FL 33134
Mailing Address: 5511 S.W. 8TH STREET #101 MIAMI FL 33134

INCORPORATED IN: FLORIDA

3. Date Incorporated or Qualified: 03/11/1988
3a. Date of Last Report: 04/13/1994

4. FEI Number: 59-2876860
Applied For: Not Applicable:

5. Certificate of Status (Delete): \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees
Trust Fund Contribution:

7. The incorporator or qualified filer certifies that the filer is the filer as defined in Florida Statutes: Yes No

2. Principal Place of Business	2a. Mailing Address
21. State of Report	26. State of Report
22. City & State	27. City & State
23. Country	28. Country
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLANES, RAMON M.
3509 S.W. 87 PLACE
MIAMI FL

81. Name
82. Street Address (P.O. Box Number, Not Applicable)
83.
84. City
85. Zip Code: FL

11. I, the undersigned, who is presently the filer as defined in Florida Statutes, the authorized incorporator/qualified filer, hereby certify that the person or persons named in this statement for the purpose of making this registered office or registered agent in this report is the person or persons authorized by the corporation's board of directors to accept the appointment as registered agent. I am familiar with and accept the obligations of a registered agent as defined in Florida Statutes.

Signature of:

Name of Registered Agent:

Name of Registered Agent:

Date:

12. DELETIONS, CHANGES TO OFFICERS, AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS	
NAME	PST LLANES, RAMON M. 3509 S.W. 87 PLACE MIAMI FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
COUNTRY		5. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	D LLANES, RAMON M. 3509 S.W. 87 PLACE MIAMI FL	6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
STATE		9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
COUNTRY		10. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY		13. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
STATE		14. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
COUNTRY		15. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS		17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add
CITY		18. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add
STATE		19. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add
COUNTRY		20. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the filer, certify that the information furnished with this report voluntarily furnished and is not required by law and as such 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 for the inclusion of which I am empowered to execute this report as required by chapter 605, Florida Statutes, and that my name appears on Block 12 or Block 13 of this change report as an officer or director.

SIGNATURE:

Ramon M. Llanes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR