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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000006009 (2)
1. Corporation Name
NORTH DADE CLINICS, INC.



Principal Place of Business: 12060 N.W. 7TH AVENUE, NORTH MIAMI FL 33168
Mailing Address: 12060 N.W. 7TH AVENUE, NORTH MIAMI FL 33168-2525

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 12060 N.W. 7th Ave	26 Same AS Above	11/21/1996	N/A
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 North Miami, FL	28 North Miami, FL	65-071638	Not Applicable
24 33068	25 USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
GIBLIN, SANDRA
12060 N.W. 7TH AVENUE
NORTH MIAMI FL 33168

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: N/A
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Maxine Thurston, PhD	
STREET ADDRESS	1175 NE 125th St Suite 408	
CITY-ST-ZIP	N. MIA, FL 33161	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Armando Tosca, MD	
STREET ADDRESS	1190 NW 95th St Suite 100	
CITY-ST-ZIP	MIA, FL 33150	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Sandra Giblin	
STREET ADDRESS	1100 NW 95th St.	
CITY-ST-ZIP	Mia, FL 33150	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Eugenia Weaver	
STREET ADDRESS	16700 NW 81st Ave	
CITY-ST-ZIP	Mia, FL 33014	
TITLE	Secy-Treasurer	<input type="checkbox"/> DELETE
NAME	Anthony Kolle, Esq	
STREET ADDRESS	180 NW 139th St	
CITY-ST-ZIP	Mia, FL 33168	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Vincent Schlafmeister	
STREET ADDRESS	1100 NW 95th St.	
CITY-ST-ZIP	Mia, FL 33150	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rueda, Jorge	
1.3 STREET ADDRESS	15600 NW 67th Ave	
1.4 CITY-ST-ZIP	Mia Lakes, FL 33015	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 supplement to 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 partner or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in attachment with an address.

CR2E037 (9/96)