


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90172 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002704					
1. Corporation Name FUNDACION ONCOLOGICA ST. JOSEPH R.D., INC.					
Principal Place of Business 429 DEER RUN MIAMI SPRINGS FL 33166			Mailing Address 429 DEER RUN P.O. Box 661319 MIAMI SPRINGS FL 33166		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/08/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0850217	
22	City & State	27	City & State	Applied For <input type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FORESTIERI, FELIX 429 DEER RUN MIAMI SPRINGS FL 33166				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FORESTIERI, FELIX		1.2 NAME				
STREET ADDRESS	429 DEER RUN		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JOSEPH, LUCILA		2.2 NAME				
STREET ADDRESS	470 BILTMORE WAY 1W		2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NUNEZ DE SKUPIN, MARICELA		3.2 NAME				
STREET ADDRESS	5757 COLLINS AVE., APT. 501		3.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BCH FL 33140		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MOREL, RAFAEL		4.2 NAME				
STREET ADDRESS	429 DEER RUN		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		4.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CALDERON, RAFAEL		5.2 NAME				
STREET ADDRESS	1011 SW 67TH AVE.		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI SPRINGS FL 33144		5.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ARIAS, DAJJA		6.2 NAME				
STREET ADDRESS	10360 USA-TODAY WAY		6.3 STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR FL 33025		6.4 CITY-ST-ZIP				

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Signature and typed or printed name of signing officer or director

Date: 4/16/99 Daytime Phone #: (305) 883-8598

CR2E037 (11/98)