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PROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #**

1. Corporation Name

P93000013040 (9)

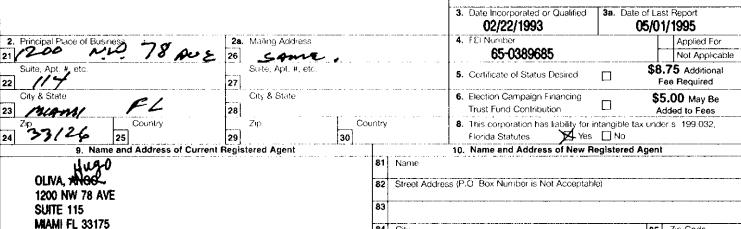
TOTAL MEDICAL CENTER, INC.

	
Principal Place of Rusiness	

Maling Address

5143 SW 142 PLACE **MIAMI FL 33175**

1200 NW 78 AVE., SUITE 115 MIAMI FL 33126



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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505. Florida Statutes.

84 City

SIGNAT	URE	•
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12.	gratine, typical or produce to the cling should a just and the Charles of the Charles	(401): Regelered Agent signation records: II 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1. 1 fill E	Change Addition
NAME	OLIVA, HUGO	1.2 NAME	
		I	
STREET ADDRESS	5143 SW 142 PLACE	1.3 STREET ADDRESS	
CFTY - ST - ZIP	MIAMI FL	1 4 CITY - ST - ZIF	
TITLE	☐ DELETE	2 I TITLE	Change Addition
NAME		2 2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY - ST - ZIP	••
TITLE	☐ DELETE	3 1 TITLE	Change Addition
NAME		3.2 NAME	
STREE1 ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - \$1 - ZIP	
TITLE	DELETE	4 1 THE	☐ Change ☐ Add tion
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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TOTLE	☐ DELETE	5 1 T ILE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 C/TY ST-ZIP	
TITLE	DELETE	6 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - 7/P		6.4 C(IV-S) - 7/P	

14. Ido hereby certify that the information supplied with this fling 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 directed on the corporation or the receiver instead in provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (its hanged, or on an attachment with anaddeds). appears in Block 12 or Block 13

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

85

Zip Code

CR2E034 (12/95)