

**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 # P93000020072 (3)

1. Corporation Name  
**ALL KENDALL MEDICAL CENTER, INC.**



Principal Place of Business: 600 W. 20TH ST. HIALEAH FL 33010 US  
Mailing Address: 600 W. 20TH ST. HIALEAH FL 33010 US

3. Date Incorporated or Qualified: 03/17/1993  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 65-0390165  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
City & State: 27

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23  
Zip: 24

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

Country: 25  
Country: 29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

BRACERAS, WILFRED  
600 W. 20TH ST.  
HIALEAH FL 33010

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 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, typed or printed name of registered agent and date of filing)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BRACERAS, WILFRED	
STREET ADDRESS	600 W. 20TH ST.	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEL, BEATRIZ M	
STREET ADDRESS	2221 COUNTRY CLUB PRADO	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRACERAS, WILFRED	
1.3 STREET ADDRESS	600 WEST 20th STREET	
1.4 CITY - ST - ZIP	HIALEAH, FL 33010	
2.1 TITLE	Resigned	<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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/96

Date

Date of Filing

CR2E034 (12/95)