

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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000022023 (4)

1. Corporation Name

ALL GABLES MEDICAL CENTER, INC.

Principal Place of Business
**782 NW 42 AVE. S-210
MIAMI FL 33126**

Mailing Address
**782 NW 42 AVE. S-210
MIAMI FL 33126**

000001478590
-05/08/95--01038--008
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0390794** Applied For Not Applicable

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

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

6. This corporation has liability for intangible tax under 2-109 U.S.C., Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1200 Ponce de Leon Blvd** 26 **1200 Ponce De Leon Blvd**
Suite, Apt #, etc. Suite, Apt #, etc.

22 **CORAL Gables, FL** 27 **CORAL Gables FL**
City & State City & State

24 **33134** 25 **DADE** 29 **33134** 30 **DADE**
Zip City Zip City

9. Name and Address of Current Registered Agent

**BRACERAS, WILFRED
1645 SW 86TH AVE
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name **BRACERAS, WILFRED**
82 Street Address (P.O. Box Number is Not Acceptable) **1200 PONCE DE LEON BLVD**
83
84 City **CORAL Gables** FL 85 Zip Code **33134**

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]*
Agent, Trustee, or Receiver of Registered Agent and Director

12. OFFICERS AND DIRECTORS

111 TITLE	PD
112 NAME	BRACERAS, WILFRED
113 STREET ADDRESS	1645 SW 86TH AVE
114 CITY, ST, ZIP	MIAMI FL 33155
121 TITLE	DEL, BEATRIZ M.
122 NAME	2221 COUNTY CLUB PRADO
123 STREET ADDRESS	CORAL GABLES FL 33134
124 CITY, ST, ZIP	
131 TITLE	
132 NAME	
133 STREET ADDRESS	
134 CITY, ST, ZIP	
141 TITLE	
142 NAME	
143 STREET ADDRESS	
144 CITY, ST, ZIP	
151 TITLE	
152 NAME	
153 STREET ADDRESS	
154 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
112 NAME	BRACERAS, WILFRED	
113 STREET ADDRESS	1200 PONCE DE LEON BLVD	
114 CITY, ST, ZIP	CORAL GABLES, FL 33134	
121 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
122 NAME		
123 STREET ADDRESS		
124 CITY, ST, ZIP		
131 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
132 NAME		
133 STREET ADDRESS		
134 CITY, ST, ZIP		
141 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
142 NAME		
143 STREET ADDRESS		
144 CITY, ST, ZIP		
151 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
152 NAME		
153 STREET ADDRESS		
154 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 119.071(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and in exact 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28/95