FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000024876

1. Corporation Name
B&L MEDICAL CENTER, INC.

Principal Place of Business: 590 W. 20 STREET HIALEAH, FL 33010-2400
Mailing Address: SAME

FILED
95 MAY -1 PM 10:18
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/93
3a. Date of Last Report: 05/01/94
4. FEI Number: 65-0397167 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business: 21 1200 PONCE DE LEON BLVD
2a. Mailing Address: 1200 PONCE DE LEON BLVD
Suite, Apt. #, etc.: 22 / 27
City & State: 23 CORAL GABLES, FL / 28 CORAL GABLES, FL.
Zip: 24 33134 — County: 25 DADE / Zip: 29 33134 — County: 30 DADE

9. Name and Address of Current Registered Agent
WILFRED BRACERAS
590 W. 20 STREET
HIALEAH, FL 33010-2400

10. Name and Address of New Registered Agent
81 Name: WILFRED BRACERAS
82 Street Address (P.O. Box Number is Not Acceptable): 590 W. 20 STREET
83
84 City: HIALEAH FL 85 Zip Code: 33010-2400

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] — DATE: 07/17/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P/D NAME: WILFRED BRACERAS STREET ADDRESS: 1645 SW 86 AVE. CITY-ST-ZIP: MIAMI, FL 33155	[X] Change [ ] Addition WILFRED BRACERAS (P/S/T/D) 590 W. 20 STREET HIALEAH, FL 33010-2400
TITLE: V.P/D NAME: ~~BEATRIZ M. BEL~~ STREET ADDRESS: ~~2221 COUNTRY CLUB PRADO~~ CITY-ST-ZIP: ~~CORAL GABLES, FL 33134~~	[X] Change [ ] Addition RESIGNED.
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition 000001547830 -07/27/95--01069--001 ****208.75 ****208.75
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	[ ] Change [ ] Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	REMITTED BY MAY 1 5/1/95 MB

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 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] Wilfred Braceras — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 07/17/95 — Daytime Phone #: (305) 863-1942