## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000024876 (3)

B&L MEDICAL CENTER, INC.

Principal Place of Business Mailing Address
1200 PONCE DE LEON BLVD. 1200 PONCE DE LEON BLVD.
CORAL GABLES FL 33134 CORAL GABLES FL 33134-3323

## FILED May 12 1997 8:00am Secretary of State



CORAL GABLES FL 33134		CORAL GABLES FL 33134-3323												
								ŀ	3. Date Incorporated or Qualified 03/30/1993		ate of La 01/19		port	7
2. Principal Place of Business			2a. Mailing Address				^		4. FEI Number			Apr	lied For	7
21			26	590 W	WT 20	双环	W.		65-0397167			Not	Applicable	3
Strite, Apt	#, etc		27	Suite, Apt. #.	, etc.				5. Certificate of Status Desired	Ø		75 A	dditional julred	
City & State 23	c ·		28	City & State	1 F	R			Election Campaign Financing     Trust Fund Contribution	П			May Be	
Zip	Co	untry		Zip	~	Comptr	/ .		8. This corporation has liability for	r intennible	***************************************			┥.
24	25		11	330/0	3	10 1	odi	- 1	Florida Statutes		] No		10010021	l
		Idress of Current	Registe	ered Agent					0. Name and Address of New F	legistered	Agent			
	Ceras, Wilfred	1				81	Name	)	, , , , , , , , , , , , , , , , , , , ,					
590	W. 20 STREET					82	Street	Address	(P.O. Box Number is Not Accept	ahla)			·	4
HIAL	EAH FL 33010-24	00					0.1000	71001000	ti .o. box ramber la reor nocept	aule)				
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						84	City				1221	7:- 0		_
						04	City			FL	B5	Zip C	ode	
11. Pursuant I office or re agent. Lar	to the provisions of t egistered agent, or l m familiar with, and	Sections 607.0502 both, in the State o accept the obliga	and 607 of Florida tions of,	7.1508, Florid Such chan Section 607.	da Statutes ge was au 0505, Flori	the abov thorized b da Statute	e-named y the corp s.	d corpora rporation'	tion submits this statement for the s board of directors. I hereby acc	purpose o ept the app	changi ointmer	ng its it as r	registered egistered	
SIGNATURE	<u> </u>													
12.	Signature, typed or printed	OFFICERS AND			(NOTE: F		ent signature	e required w	her reinstating)	DATE	D)050	TODO		بر إ
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NAME				<u> </u>		2.2 NAME					L (110	ige.	L.J rodillon	`
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4. I do nereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address;

SIGNATURE:

GNATURE AND TWEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 30

305-863-8860

Daytime Phone #