FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000025462 (1)**

1. Corporation Name

GABLES MEDICAL NETWORK, INC.

Principal Place of Business	Mailing Address
951 SW 42 AVE STE 302 MIAMI FL 33134 US	334 MINORCA AVE SUITE 200 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 04/01/1993
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business
21: 5101 SW 8 St. → 2a. Mailing Address 26: same

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:

City & State 23: Miami Fl.
City & State 28:

Zip 24: 33134 Country 25: Dade
Zip 29: Country 30:

4. FEI Number: 65-0406933 ☐ 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

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

9. Name and Address of Current Registered Agent

BRIDGES, ROGER A
334 MINORCA AVE
SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: JUAN J. Alberti - Flor
82 Street Address (P.O. Box Number is Not Acceptable): 5101 SW 8 sheet
83:
84 City: Miami 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: _____ JUAN J. ALBERTI-FLOR 3/1/96
Signature, type or printed name of Registered Agent and date (required when changed) (Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALBERTI-FLOR, JUAN J		12 NAME	
STREET ADDRESS	951 SW 42 AVE #302		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ALBERTI, LAURA D		22 NAME	
STREET ADDRESS	951 SW 42 AVE #302		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, MOISES E		32 NAME	
STREET ADDRESS	951 SW 42 AVE #302		33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, ANA M		42 NAME	
STREET ADDRESS	951 SW 42 AVE #302		43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

400001738084
-03/11/96--01004--017
***200.00

CR2E034 (12/95)

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)(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: _____ 1-16-96 441-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUAN J. ALBERTI-FLOR