

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

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97 JUL -2 PH 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000025462 (1)
1. Corporation Name

GABLES MEDICAL NETWORK, INC.

Principal Place of Business Mailing Address

951 SW 42 Ave.
Miami, FL 33134

3. Date Incorporated or Qualified 04/01/1993
3a. Date of Last Report 1/16/96

2. Principal Place of Business 21 5101 SW 8th Street Suite, Apt. #, etc. 22 City & State 23 Miami, FL 33134 Zip 24 33134 Country 25 Dade	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 65-0406933 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Roger A. Bridges
334 Minorca Ave.
Suite 200
Coral Gables, FL 33134

81 Name	MARCOS A. GUERRA /CPA
82 Street Address (P.O. Box Number is Not Acceptable)	3663 SW 8th St.
83	
84 City	Miami
FL	85 Zip Code 33135

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE *Marcos A. Guerra* DATE 6/26/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberti-Flor, Juan J.	1.2 NAME	
STREET ADDRESS	951 SW 42 Ave # 302	1.3 STREET ADDRESS	600002232866--4
CITY-ST-ZIP	Miami, FL	1.4 CITY-ST-ZIP	-07/08/97--01064--011
TITLE	VP	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberti-Flor, Laura D.	2.2 NAME	
STREET ADDRESS	951 SW 42 Ave # 302	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Moises E.	3.2 NAME	
STREET ADDRESS	951 SW 42 Ave. #302	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Ana M.	4.2 NAME	
STREET ADDRESS	951 SW 42 Ave # 302	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/97

CR2E034 (9/96)