

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 22 AM 8:20

DOCUMENT # P93000085194 (7)

1. Corporation Name

SOUTHWEST FAMILY MEDICAL & DIAGNOSTIC CENTER, INC.

Principal Place of Business

1990 SW 1 ST
MIAMI FL 33135

Mailing Address

1990 SW 1 ST
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1993

3a. Date of Last Report

06/03/1994

4. FEI Number

65-0456283

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAVIN, MICHAEL
1990 SW 1 ST
MIAMI FL 33135

10. Name and Address of New Registered Agent

B1 Name

RICARDO GRUBER

B2 Street Address (P.O. Box Number is Not Acceptable)

1990 SW 1 ST STREET

B3

B4 City

MIAMI

FL

B5

Zip Code

33135

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

Michael Lavin

(NOTE: Registered Agent signature required when registering)

6/12/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

LAVIN, MICHAEL

STREET ADDRESS

1990 SW 1 ST

CITY - ST - ZIP

MIAMI FL 33135

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

MEDAL, RAQUEL

1990 SW 1 ST

MIAMI, FL 33135

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

GRUBER, RICARDO

1990 SW 1 ST

MIAMI, FL 33135

☐ Change ☒ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), Florida Statutes. I further certify that the information reported 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; that 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 an attachment with an address.

SIGNATURE:

Michael Lavin

6/12/95

305 267 2410