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

P93000087401 (4) DOCUMENT #
1. Corporation Name

THERAPY AND RHEUMATOLOGIC MEDICAL CENTER CORP.



Principal Place of Business		Mailing Address						
1873 W. FLA Miami Fl. 33		P.O. BOX 351213 MIAMI FL 33135						
		U\$			3. Date Incorporated or Qualified 12/22/1993	3a. Date of 1.	ast Re \$1/19	995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0460244	L	A	Applied For
21		26	L		00 0400244	Not Applicable \$8.75 Additional		
Suite, Apt #.	, etc.	h 1	Suite, Apt. #, etc.		5. Certificate of Status Desired X Fee Requir			
22		City & State	City & State		6. Election Campaign Financing	9	\$5.0	0 May Be
City & State		h militari	28		Trust Fund Contribution	Added to Fees		
Zip Country		Zip			8. This corporation has liability for		ider s	199.032,
24	25	29	30		1101100	□ No		
	9. Name and Address of Curre	nt Registered Agent		- 227	10. Name and Address of New F	legistered Age	nt	
			,	81 Name				
Gonzalez, Pedro 1873 W. Flagler St.				82 Street Add	iress (P.O. Box Number is Not Acceptal	ole)		
	r. Flaglen St. Fl 33135			83				
MOUMI	FC 33133							
				84 City		FI 8	5 2	ρ Code
12.		ND DIRECTORS	13.	1 April Sanat de recur	ADDITIONS/CHANGES TO OFF			
12.	T PD OFFICERS AT	AD DIRECTORS	1 1 1	TILE T	ACDITIONS OF A MACES TO SELECT		hange	Addition
NAME	GONZALEZ, PEDRO		12 N	IAMÉ				
STREET ADDRESS	1873 W. FLAGLER ST.		138	STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33135		140	JITY - SF-ZIP				
TITLE		[] DELETE	2.1	tiil <u>t</u> s			Change	☐ Add-tion
NAME			22 N					
STREET ADDRESS				STREET ADDRESS				
CITY - ST - ZIP		DELE'S		DITY - ST - ZIP TITLE		гіс	Change	Addition
TITLE		[Dett. it		NAME		C	·	-
NAME			1	STREET ADDRESS				
STREET ADDRESS				City-S1-ZiP				
DITY+ST-ZiP TITLE		DELETE		TITLE			Change	☐ Addition
NAME		-	421	NAME.				
STREET ADDRESS			43	STREET ADDRESS				
CITY - ST - ZIP				CITY ST-ZIF			Chann	ET MADES
TITLE		DELETE		TILE		Ц,	Change	Addition
NAME			I	NAME				
STREET ADDRESS				STREET ADDRESS				
CITY-ST-ZIF		DELETE		CITY - ST - ZIP		<u> </u>	Change	Add tien
TITLE		Flores		NAMÉ			-	_
NAME				STREET ADDRESS				
STREET ADDRESS	I		9.3	CHARLET FROM HITT				

64 City-St-ZiP

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 indicated on this amount 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 trusted 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 commend to the address.

SIGNATURE:

SIGNATURE AND TYPED DE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Gonzalez

04 26 96

Dayth e Phone #