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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000087401 (4)

THERAPY AND RHEUMATOLOGIC MEDICAL CENTER CORP.

**FILED** May 07 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address  1873 W, FLAGLER ST. P.O. BOX 351213							_		
MIAM) FL 331		MIAMI FL 33135-7213							
		US			3. Date Incorpo 12/22/199	rated or Qualified		e of Last F 1/1996	Report
2. Principal F	Place of Business	28. Mailing Address	<u></u>		4, FEI Number	***************************************	1		oplied For
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	g. Name and Address of (	Current Hegistered Agent		81 Name	10. Name and A	ddress of New Re	gistered A	gent .	
	NZALEZ, PEDRO			Name					
	73 W. FLAGLER ST.			82 Street A	Address (P.O. Box Numb	oer is Not Acceptab	le)		
MIA	VMI FL 33135			83		·			
				84 City				<b>85</b> Zip	Code
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office or agent. La	registered agent, or both, in the am familiar with, and accept the	07.0502 and 607.1508, Florida State of Florida. Such change woodligations of, Section 607.0505	as authorize Florida Stat	d by the corp tutes.	poration's board of direct	tors. I hereby accer	ot the appo	intment as	registered
BIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicable. (	NOTE Registere	d Agent signature i	required when reinstating)		DATE		
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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 in attachment with an antirest.

SIGNATURE: ...

SIGNATURE AND TYPED O