

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000002457 (7)

1. Corporation Name

COCONUT GROVE MEDICAL CORPORATION



Principal Place of Business

Mailing Address

2250 S DIXIE HWY
SILVER BLUFF MEDICAL CENTER
COCONUT GROVE FL 33133

2250 S DIXIE HWY
SILVER BLUFF MEDICAL CENTER
COCONUT GROVE FL 33133

3. Date Incorporated or Qualified

01/11/1994

3a. Date of Last Report

06/08/1995

4. FEI Number

65-0470484

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

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAIGE, ROBERT E ESO
2151 LEJEUNE RD
SUITE 309-A
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature (typed or printed name of registered agent and title, if appropriate)

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME JOHNSON, MICHAEL E MD
STREET ADDRESS 2250 S DIXIE HWY SILVER BLUFF MEDICAL CTR
CITY - ST - ZIP COCONUT GROVE FL 33133

11 TITLE Change Addition

TITLE D DELETE
NAME JOHNSON, LINDA M
STREET ADDRESS 2250 S DIXIE HWY SILVER BLUFF MEDICAL CTR
CITY - ST - ZIP COCONUT GROVE FL 33133

12 NAME Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13 STREET ADDRESS Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

14 CITY - ST - ZIP Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE Change Addition

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME Change Addition

23 STREET ADDRESS Change Addition

24 CITY - ST - ZIP Change Addition

31 TITLE Change Addition

32 NAME Change Addition

33 STREET ADDRESS Change Addition

34 CITY - ST - ZIP Change Addition

41 TITLE Change Addition

42 NAME Change Addition

43 STREET ADDRESS Change Addition

44 CITY - ST - ZIP Change Addition

51 TITLE Change Addition

52 NAME Change Addition

53 STREET ADDRESS Change Addition

54 CITY - ST - ZIP Change Addition

61 TITLE Change Addition

62 NAME Change Addition

63 STREET ADDRESS Change Addition

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96 (305)856-5170

CR2E034 (3/96)