

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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000004723

1. Corporation Name
C.W.C. MEDICAL CENTER, INC.

Principal Place of Business 8549 NW 7TH STREET MIAMI, FL. 33126	Mailing Address
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2. Principal Place of Business 21 9531 SW 38TH STREET Suite, Apt. #, etc.	2a. Mailing Address 26 9531 SW 38TH STREET Suite, Apt. #, etc.	4. FEL Number 65-0461204	Applied For Not Applicable
22. City & State MIAMI, FL. 33165	27. City & State MIAMI, FL. 33165	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
23. Zip 33165 Country USA	28. Zip 33165 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CECILIA SOBRINO-CELIS 8549 NW 7TH STREET MIAMI, FL. 33126		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	9531 SW 38TH STREET
		83.	
		84. City	MIAMI
		85. Zip Code	FL 33165

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CECILIA SOBRINO-CELIS-PRES <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8549 NW 7TH STREET	1.2 NAME	9531 SW 38TH STREET
STREET ADDRESS	MIAMI, FL. 33165	1.3 STREET ADDRESS	MIAMI, FL. 33165
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SEC/TREAS/DIR <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON CELIS	2.2 NAME	9531 SW 38TH STREET
STREET ADDRESS	8549 NW 7TH STREET	2.3 STREET ADDRESS	MIAMI, FL. 33165
CITY-ST-ZIP	MIAMI, FL. 33126	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	CS
STREET ADDRESS		4.3 STREET ADDRESS	5/7/97
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500002175025
STREET ADDRESS		6.3 STREET ADDRESS	-05/12/97--01104--006
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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: *Cecilia Sobrino-Celis* **CECILIA SOBRINO-CELIS- PRES. 4-29-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)