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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013566 (2)

SORISA MEDICAL CENTER, INC.

Principal Place of Business.

1006 E 4TH AVE.
HIALEAH FL 33010

Mailing Address
1096 E 4TH AVE.
HIALEAH FL 33010-4103

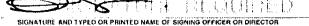
FILED Jan 22 1997 8:00am Secretary of State



1006 E 4TH AVE. HIALEAH FL 33010		1095 E 4TH AVE. HIALEAH FL 33010-4103					
					3. Date Incorporated or Qualified 02/16/1994	3a. Date of Last Report 03/18/1996	
2. Principal Place of	Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For
21		26			65-0470881		Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Z ір 24	Country 25	Zip 29	Country 30			Yes 🔲 No	rs. 199.032,
		urrent Registered Agent			10. Name and Address of New Reg		
	GERALDINE M	16	81	Name #	Fuentes, Geraldine L	5	
3200 OLD WINTERGARDEN ROAD #1322				82 Street Address (P.O. Box Number is Not Arceptable)			
OCEE FL S	34761		83				
			84	City OR	lando	FL B5	2837
11. Pursuant to the p	rovisions of Sections 60	7 0502 and 607 1508, Florida Stati	ites, the above	-named corp	poration submits this statement for the pation's board of directors. I hereby accep		
agent. Lam fa vit	ar with, and accept the	state of Florida. Such change was abligations of Selation 607.0505, F	laumonzed by Florida Statutes	the corpora			as registered
SIGNATURE	beadount t	besters		****	-	4-44-97	
Signation.	Pyped or pools of non-ellot register (ACC) (C)	ed agent and tille 1 applicable (NC S AND DIRECTORS	TE Registered Age	nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECT	ORS IN 12
TITLE DP	OFFICE	DELETE	1 1 TALE		ADDITIONO/OFFICE TO OFFICE	☐ Chan	
	rastazu, edgar m		1.2 NAME			•	
	E 4TH AVE.		13 STREET	ADDRESS			
CITY+S1+ZIP HIAL	eah fl		1.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Chan	ge 🔲 Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET				
CITY-S1-ZIP		DELETE	2.4 CITY-5 3 1 TITLE	IT-ZIP		☐ Chan	ge Addition
NAME		נוננונ	3.2 NAME	.		C Onan	ge recultor
STREET ADDRESS			3.3 STREET	ADORESS			
CITY - ST - 7IP			3.4 CITY-5				
TITLE	. ,	DELETE	4.1 TITLE			Chan	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS	•		
City+St+2@		,,	4.4 CITY - S	T-ZIP			
TPLE		☐ DELETE	5.1 TITLE			☐ Chan	ge L. Addition
NAME			5,2 NAME				
STREET ADDRESS			5.3 STREET				
CATY - ST - ZIP		DELETE	5.4 CITY - \$ 6.1 TITLE	I - ZIP		☐ Chan	ge Addition
TIPLE NAME		L. DELCH	6.2 NAME			C1 Ollan	go [] riddilloll
STREET ADORESS			6.3 STREET	ADDRESS			
CITY-S1-ZIP			6.4 CHY-S				

14. Edo 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 armual 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:



197 887-1212