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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000021780(9)

1. Corporation Name
DOCTOR'S GROUP CLINIC,INC.

Principal Place of Business	Mailing Address
4530 N.W. 7th Street Miami, Florida 33126	4530 N.W. 7th Street Miami, Florida 33126

3. Date Incorporated or Qualified: 03/21/1994	3a. Date of Last Report:
4. FEI Number: 65-0450812	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 filing the tax under s. 199.032 Florida Statutes: [X] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ARTIGAS, EIDA
4530 N.W. 7th Street
Miami, Florida 33126

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, ETC.	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Pres/Treasure Eida Artigas 4530 N.W. 7th St Miami, Florida 33126	[ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice-Pres/Secretary Guerra,Olga 4530 N.W. 7th St. Miami,Fl 33126	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP	[ ] Change [ ] Addition

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***225.00

5-1-96 JP

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

SIGNATURE: _____ Date _____ Telephone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eida Artigas (Pres) 5/23/95 441-9294

CR2E034 (12/95)