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**Mar 26 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000026074 (2)

1. Corporation Name
MIAMI BEACH HEALTH CENTER, INC.



Principal Place of Business
**16601 N.E. 19TH AVE.
NORTH MIAMI BEACH FL 33162**

Mailing Address
**16601 N.E. 19TH AVE.
NORTH MIAMI BEACH FL 33162-3149**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1994	3a. Date of Last Report 03/15/1996
21. Sub., Apt. #, etc.	26. Sub., Apt. #, etc.	4. FEI Number 65-0487514		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**QUINTANA, GUILLERMO R
16601 N.E. 19TH AVE.
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81. Name CAROL LATY QUINTANA
82. Street Address (P.O. Box Number is Not Acceptable) 443 POINCIANA ISLAND
83. City N MIAMI BCH. FL. 33162
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 and I further with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Guillermo Quintana* (Signature of Registered Agent and the Corporation) DATE: _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME DP QUINTANA, GUILLERMO R	<input type="checkbox"/> DELETE	13.1 TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 STREET ADDRESS 443 POINCIANA ISLAND DR.		13.2 NAME CAROL LATY QUINTANA	
12.3 CITY-ST-ZIP N. MIAMI BEACH FL 33160		13.3 STREET ADDRESS 443 POINCIANA ISLAND	
12.4 TITLE	<input type="checkbox"/> DELETE	13.4 CITY-ST-ZIP N. MIAMI BEACH FL. 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		13.6 NAME	
12.7 CITY-ST-ZIP		13.7 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	13.8 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY-ST-ZIP		13.11 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	13.12 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY-ST-ZIP		13.15 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	13.16 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY-ST-ZIP		13.19 STREET ADDRESS	
12.20 TITLE		13.20 CITY-ST-ZIP	

14. I declare and 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 included 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: *Guillermo Quintana* (Signature of Signing Officer or Director) DATE: **3/20/97** (305)947-1108

CR2E034 (9/96)