

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90009 016 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000026074

Corporation Name
MIAMI BEACH HEALTH CENTER, INC.



Principal Place of Business 470 NW 10TH AVE NORTH MIAMI BEACH FL 33162	Mailing Address 16470 NE 10TH AVE NORTH MIAMI BEACH FL 33162 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1994	
4. FEI Number 65-0487514	Applied For <input checked="" type="checkbox"/> Not Applicable
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
8. This corporation owes the current year Intangible Personal Property. <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			
QUINTANA, CAROL L 443 POINCIANA ISLAND NORTH MIAMI BEACH FL 33162				81 Name	CAROL QUINTANA		
				82 Street Address (P.O. Box Number is Not Acceptable)	41 Seagate Blvd		
				83 City	Key Largo, FL 33037		
				84 City	FL	85 Zip Code	33037

1. 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	D.P.	
ME	QUINTANA, GUILLERMO R		1.2 NAME	Quintana Guillermo R. X change	
REET ADDRESS	443 POINCIANA ISLAND DR.		1.3 STREET ADDRESS	41 Seagate Blvd.	
Y-ST-ZIP	N. MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP	Key Largo, Fl. 33037	
LE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	VP	
ME	QUINTANA, CAROL L		2.2 NAME	CAROL Quintana	
REET ADDRESS	443 POINCIANA ISLAND		2.3 STREET ADDRESS	41 Seagate Blvd.	
Y-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	Key Largo, Fl. 33037	
LE		<input type="checkbox"/> DELETE	3.1 TITLE		
ME			3.2 NAME		
REET ADDRESS			3.3 STREET ADDRESS	mailing address	
Y-ST-ZIP			3.4 CITY-ST-ZIP	16470 NE 10th Ave. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
LE		<input type="checkbox"/> DELETE	4.1 TITLE	N. Miami Bch. Fl. 33162	
ME			4.2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
Y-ST-ZIP			4.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	5.1 TITLE		
ME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		
Y-ST-ZIP			5.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	6.1 TITLE		
ME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
Y-ST-ZIP			6.4 CITY-ST-ZIP		

I 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: Carol Quintana SIGNATURE REQUIRED Date: 7/5/99 (305) 919-9119 Daytime Phone #

CR2E034 (5/99)