FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000037489 (9)**

1. Corporation Name

TWIN MEDICAL CENTER INC.

Principal Place of Business

7929 N.W. 53RD ST.
MIAMI FL 33166

Mailing Address

7929 N.W. 53RD ST.
MIAMI FL 33166

3. Date Incorporated or Qualified: 05/18/1994

3a. Date of Last Report: 02/16/1995

4. FEI Number: 65-0491328 [ ] 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 intangible tax under s. 199.032, Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business

21 ___

Suite, Apt. #, etc.

22 ___

City & State

23 ___

Zip 24 ___ Country 25 ___

2a. Mailing Address

26 ___

Suite, Apt. #, etc.

27 ___

City & State

28 ___

Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

DOMINGO, ANNKHY
221 W. PARK DR.
#102
MIAMI FL 33172

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 617.0502, 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 [signature]

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	DOMINGO, ANNKHY	
STREET ADDRESS	221 W. PARK DR., #102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	[ ] DELETE
NAME	AUCHET, PEDRO E	
STREET ADDRESS	18861 N.W. 77TH CT.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	TD	[ ] DELETE
NAME	ALONSO, ROBERTO	
STREET ADDRESS	1740 S.W. 94TH AVE.	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] 3-27-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR