

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 # P94000040563 (6)

1. Corporation Name

DORAL HEALTH MEDICAL CENTER INC.



Principal Place of Business

6925 BISCAYNE BLVD  
SUITE 104  
MIAMI FL 33138  
US

Mailing Address

6925 BISCAYNE BLVD  
SUITE 104  
MIAMI FL 33138  
US

3. Date Incorporated or Qualified  
05/31/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0500084

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTILLO, VIRGINIA  
6925 BISCAYNE BLVD  
SUITE 104  
MIAMI FL 33138

81 Name

CARIDAD DIAZ

82 Street Address (P.O. Box Number is Not Acceptable)

1083 SW 134 CT

83

84 City

Miami

FL

85 Zip Code

33184

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

Caridad Diaz

(NOTE: Registered Agent signature required when reappointing)

DATE

3/8/96

12. OFFICERS AND DIRECTORS

TITLE

PSTV

DELETE

NAME

DIAZ, CARIDAD D  
6925 BISCAYNE BLVD.  
MIAMI FL 33138

STREET ADDRESS

CITY- ST- ZIP

TITLE

D

DELETE

NAME

DIAZ, CARIDAD D  
6925 BISCAYNE BLVD.  
MIAMI FL 33138

STREET ADDRESS

CITY- ST- ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

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, unchanged, or on an attachment with an address.

SIGNATURE:

Caridad D. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/8/96

Daytime Phone

305 754-3349

CR2E034 (12/95)