FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:08

DOCUMENT # **P94000046441 (9)**

1. Corporation Name

M.G. MEDICAL CENTER, INC.

Principal Place of Business
4264 S W 95 COURT
MIAMI FL 33165

Mailing Address
4264 S W 95 COURT
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994

3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

State Apt # or
22

State Apt # or
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 65-0503025

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. The corporation includes an entity or entities required to file under Chapter 607 Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

GUTIERREZ, MARTA C
4264 S W 95 COURT
MIAMI FL 33165

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 Section 607.0505, and/or 608 Florida Statutes, the above named corporation submits the 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	PTD
NAME	GUTIERREZ, MARTA C
STREET ADDRESS	4264 S W 95 COURT
CITY, ST, ZIP	MIAMI FL 33165
TYPE	VSD
NAME	GUTIERREZ, PEDRO F
STREET ADDRESS	4264 S W 95 COURT
CITY, ST, ZIP	MIAMI FL 33165

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Change / Addition

REMITTED BY MAY 1

14. I hereby certify that the information supplied with this filing, and amount of fees enclosed, are true and correct, and that I am familiar with the provisions of Chapters 607 and 608, Florida Statutes. I further certify that the information indicated on the 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 Chapters 607 and 608, Florida Statutes; and that my name appears in Block 12 or Block 13 hereof or is the designated agent in addition.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/28/95 (305) 220-6334

0177304 CP