

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000060217 (4)**  
 1. Corporation Name  
**ASIS MEDICAL CENTER OF SOUTH FLORIDA, INC.**



Principal Place of Business <b>935 WEST 49TH STREET #106 HIALEAH FL 33012</b>	Mailing Address <b>935 WEST 49TH STREET #106 HIALEAH FL 33012-3436</b>
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3. Date Incorporated or Qualified <b>08/11/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0508949</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**OCHOA, JOSE LUIS  
 935 W. 49TH ST.  
 STE 106  
 HIALEAH FL 33012**

10. Name and Address of New Registered Agent  
 81 Name **Consuelo Riveron**  
 82 Street Address (P.O. Box Number is Not Acceptable) **5470 W 9th Ct**  
 83  
 84 City **Hialeah** **FL** 85 Zip Code **33012**

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 *Consuelo Riveron*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIVERON, RUFINO</b>		1.2 NAME	
STREET ADDRESS <b>935 W. 49TH ST., SUITE 104</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33012</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RIVERON, CONSUELO</b>		2.2 NAME	
STREET ADDRESS <b>935 W. 49TH ST., SUITE 104</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33012</b>		2.4 CITY-ST-ZIP	
TITLE <b>Reinaldo Pedraza</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Reinaldo Pedraza</b>		3.2 NAME	
STREET ADDRESS <b>100 E 37th St</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>Hialeah FL 33013</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Reinaldo Pedraza*

CR2E034 (9/96)