

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

FILED

96 JAN 23 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070608 (2)

1. Corporation Name
SAN LAZARO MEDICAL & DIAGNOSTIC CENTER CORP.



Principal Place of Business: 4060 WEST 12TH AVENUE HIALEAH FL 33012
Mailing Address: 4060 WEST 12TH AVENUE HIALEAH FL 33012

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report: 05/19/1995
4. FEI Number: 65-0518348
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. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**CABRERA, RAUL D
4201 S W 1ST ST
MIAMI FL 33134**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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: _____ (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: _____
NAME: **DPS DE GUZMAN, MARLENE G**
STREET ADDRESS: **4060 WEST 12TH AVENUE HIALEAH FL**
CITY, ST, ZIP: _____
DELETE:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: **PRESIDENT**
1.2 NAME: **LUIS AGUILAR**
1.3 STREET ADDRESS: **4060 W 12 AVE**
1.4 CITY-ST-ZIP: **HIALEAH FL 33012**
Change: Addition:
800001701498
-01/30/96--01084--007
****200.00 ****200.00
CH

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: *X. L. Aguilar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (12/95)