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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000082651 (8)

1. Corporation Name
LEISURE CITY MEDICAL CENTER, INC.

Principal Place of Business
20 N.W. 108TH COURT
MIAMI FL 33172

Mailing Address
20 N.W. 108TH COURT
MIAMI FL 33172-5204



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

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/10/1994

3a. Date of Last Report
05/21/1996

4. FEI Number
65-0534075

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

10. Name and Address of New Registered Agent

LEIZAN, ARSENIO JR
20 S.W. 108TH COURT
MIAMI FL 33172

81 Name
ROLANDO B. PADRO

82 Street Address (P.O. Box Number is Not Acceptable)
6770 S.W. 48 ST.

83

84 City
MIAMI

FL

85 Zip Code
33155

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 X [Signature]

4-26-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEIZAN, ARSENIO JR
STREET ADDRESS 20 N.W. 108TH COURT
CITY-STATE-ZIP MIAMI FL 33172

TITLE STD
NAME HERNANDEZ, JULIO C.
STREET ADDRESS 7101 WEST 24TH AVE. #50
CITY-STATE-ZIP HIALEAH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME ROLANDO B. PADRO
1.3 STREET ADDRESS 6770 S.W. 48 ST.
1.4 CITY-STATE-ZIP MIAMI, FL, 33155

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: X [Signature] PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97 305 234-0600

CR2E034 (9/96)