

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

APPROVED
AND
FILED

96 FEB 29 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021095

1. Corporation Name

ALLIED MEDICAL CENTER, INC.

Principal Place of Business

Mailing Address SAME

999 PONCE DE LEON BLVD. SUITE 40
CORAL GABLES, FL 33134

700001729887
-03/04/96--01003--010
****208.75 ****208.75

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 999 PONCE DE LEON BLVD.		26 999 PONCE DE LEON BLVD.		65-0571171		MARCH 15, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Applied For	
22 SUITE 40		27 SUITE 40		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be	
23 CORAL GABLES FL		28 CORAL GABLES FL		Trust Fund Contribution <input type="checkbox"/>		Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032,		Florida Statutes	
24 33134		29 33134		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Country		Country					
25 DADE		30 OADE					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISABELA BETANCOURT
551 W. 51 PLACE
HIALEAH, FL 33012

81 Name ISMAEL ROQUE-VELASCO
82 Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD. SUITE 40
83
84 City CORAL GABLES FL 85 Zip Code 33134

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

ISMAEL ROQUE-VELASCO

2-7-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	ISABELA BETANCOURT	
STREET ADDRESS	551 W. 51 PLACE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ISMAEL ROQUE-VELASCO	
1.3 STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 40	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ISMAEL J. ROQUE	
2.3 STREET ADDRESS	SAME AS ABOVE	
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIGUEL MEMETH	
3.3 STREET ADDRESS	SAME AS ABOVE	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

ISMAEL ROQUE-VELASCO PRESIDENT

Date

Daytime Phone #

2-7-96 (305) 567-1045

CR2E034 (12/95)