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 MAY 22 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021095

1. Corporation Name
ALLIED MEDICAL CENTER, INC.

Principal Place of Business
999 PONCE DE LEON BLVD SUITE 40
CORAL GABLES, FLORIDA 33134

Mailing Address
SAME

3. Date Incorporated or Qualified: MARCH 15, 1995
3a. Date of Last Report:

2. Principal Place of Business
21: 999 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
22: SUITE 40
City & State
23: CORAL GABLES, FL
Zip: 24: 33134
Country: 25: USA

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 65-0571171 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] $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: [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ISABEL A. BETANCOURT
551 W. 51 PLACE
HIALEAH, FL 33012

10. Name and Address of New Registered Agent
81 Name: ISMAEL ROQUE-VELASCO
82 Street Address (P.O. Box Number is Not Acceptable): 999 PONCE DE LEON BLVD.
83: SUITE 40
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 (Signature of new registered agent and the date, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: 5-20-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] DELETE: ISABEL BETANCOURT, PRESIDENT, 551 WEST 51 PLACE, HIALEAH, FL 33012	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[X] Change: PRESIDENT, ISMAEL ROQUE-VELASCO, 999 PONCE DE LEON BLVD. Suite 40, CORAL GABLES, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[ ] Change [X] Addition: VICE-PRESIDENT, SHAUKAT ALI, 999 PONCE DE LEON BLVD. SUITE 40, CORAL GABLES, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [X] Addition: SECRETARY, SERGIO RUIZ, 999 PONCE DE LEON BLVD. Suite 40, CORAL GABLES, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [X] Addition: TREASURER, MIGUEL NEMETH, 999 PONCE DE LEON BLVD. Suite 40, CORAL GABLES, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition: 400001836724 -05/23/96--01034--004 ****208.75 ****208.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition: * No late Fee, remitted in time BP 5/27

CR2E034 (12/95)

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 — 5-20-96 — (305)567-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #