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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

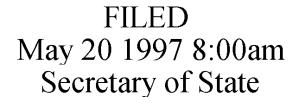
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022678 (3)

7TH AVENUE MEDICAL AND DENTAL CENTER, INC.

Principal	Place (of Business
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Principal Place		-	Mailing Address			4 500 tram and think butte bestet kunt ander beste tenne afbille misse ander indt sodt			
6103 N.W. 7 AV		6103 N.W. 7 AVE Miami FL 33127-1111							
						3. Date Incorporated or Qualified 03/21/1995		te of Last 5/1996	Report
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number			Applied For
21		26		• dw		65-0565688		1	√ot Applicable
Sulte, Apt.	#, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired			Additional
22 City & Ctot		27 Cit. 6 Cot.							Required
City & State		<u>-</u>	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip		Cpuntr	v	8. This corporation has liability for			
24	25	29	30	a .	•		Yes [a. 100.00r,
	9. Name and Address of Cu			1 - 1 - 1		10. Name and Address of New Ro			
GRA	HAM, W C			81	Namo				
	NW 7 AVE			82	Street Add	dress (P.O. Box Number is Not Accepta	hlo)		
	VI FL 33127				- Birder Ade	areas (F.O. Box Number is Not Accepta	ысу		
				83	1				
				84	Cily			85 Zir	Code
				!		rporation submits this statement for the ation's board of directors. I hereby acce	<u>FL</u>		
SIGNATURE	m familiar with, and accopt the d	-				uired when reinstating;	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	P		DELETE	1.1 100 (Į.			☐ Change	Addition
NAME	GRAHAM, W.C.			1.2 NAME		•			
STREET ADDRESS	6103 N.W. 7 AVE.			1.3 STREE	1 ADORESS				
CITY-ST-ZIP	MIAMI FL 33127			1.4 C(1Y-)	S1-ZIP				
TITLE		Lj	DELETÉ	2.1 1111.6		'	i	Change	Addition
NAME				2.2 NAME					
STREET ADDRESS	H			1 1	E ADDRESS				
CITY-ST-ZiP		·····	DELETE.	2 4 CHY-	· \$1 · 7/P			- 1 Character	1 4 4 4 1 1 4 4
TITLE		Ш	DELETE	3 1 11111				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS					1 ADDRESS				
· CITY - ST - ZIP TITLE			DELLITE	34 DIY- 41 TOLE	-51-71			Change	Addition
NAME		٠		4. 2 NAME			ļ		e rigal((0))
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP				4.4;C(TY-					
TITLE			DELF1E	5.1 ₁ 101.6				Change	Addition
NAME				5.2 NAME				_	
STREET ADDRESS					LADORESS				
CITY-ST-ZIP				5.4 CHY-	1				
TITLE			DELETE	6.1 TITLE			77.174.	Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				63 STREE	1 ADDRESS				
CITY-ST-ZIP				6.4 CPY-1	S1-7iP				
	by cartify that the information sur	unlied with this filing doe	e not ouglify f			ed in Section 119 07/3)(a) Florida Statut	os Hurthor	cortify the	at the

supplied with plastiffing ones not quality for his exemption stated in Section 1-19-07/3(i), Frontal auditations provided under eath; that point or supplied and a report is true and accurate and that my signature shall have the same legal effect as if made under eath; that report or the reference of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name figed, or on an attachment with an address.