2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000040892

FILED Jan 10, 2003 Secretary of State

Entity Nan	ne: ASSOCI.	ATED MEDICAL CENTERS, INC.			
Current Principal Place of Business:			New Principal Place of	Business:	
3776 WES HIALEAH, I					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
3776 WES HIALEAH,					
FEI Number:	65-0582296	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
9500 SOU ⁻ SUITE 608	EZ, RAFAEL TH DADELAN 33156 US				
	named entity of Florida.	submits this statement for the pur	rpose of changing its registered o	office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Agen	t	Date	
Election Can	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	PSD (GALENDEZ, E) Delete STHER	Title: PTD (λ Name: PEREZ DE GF	Change () AdditionRACIA, ANIBAL	

Address: 9208 GRAND CANAL DRIVE

() Delete

City-St-Zip: MIAMI, FL 33174

Title: Name: Address: City-St-Zip: Address: 907 SW 118 COURT City-St-Zip: MIAMI, FL 33184

Title: () Change (X) Addition PEREZ DE GRACIA, LILIANA Name: Address: 907 SW 118 COURT City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIBAL PEREZ DE GRACIA PTD 01/10/2003