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Feb 12 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 # P95000066055 (1)

1. Corporation Name
QPQ MEDICAL CENTERS, INC.



Principal Place of Business

1000 LINCOLN ROAD
SUITE 206
MIAMI BEACH FL 33139

Mailing Address

1000 LINCOLN ROAD
SUITE 206
MIAMI BEACH FL 33139-2500

3. Date Incorporated or Qualified 08/25/1995	3a. Date of Last Report 03/25/1996
4. FEI Number 65-0611607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
4201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name MITCHELL RUBINSON
82 Street Address (P.O. Box Number is Not Acceptable) 1000 LINCOLN ROAD, SUITE 206
83
84 City MIAMI BEACH
85 Zip Code FL 33139

11. Pursuant to the provisions of Sections 607.052 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, to 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 agree to the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DOCTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUBENSTEIN, MITCHELL		1.2 NAME RUBINSON, MITCHELL	
STREET ADDRESS 1000 LINCOLN ROAD, SUITE 206		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI BEACH FL 33131		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE DOCTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME JAMES F. MARTIN	
STREET ADDRESS		2.3 STREET ADDRESS 1000 LINCOLN ROAD, SUITE 206	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MARK RABINOWITZ	
STREET ADDRESS		3.3 STREET ADDRESS 1000 LINCOLN ROAD, SUITE 206	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME JILL FRIEDMAN	
STREET ADDRESS		4.3 STREET ADDRESS 1000 LINCOLN ROAD, SUITE 206	
CITY-ST-ZIP		4.4 CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 person 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 if last attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0190036

CR2E034 (9/96)