SECOND NOTICE: CORPORATION WILL BE	DISSOLVED ON OR AFTER A	AUGUST 7, 1996.		
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISS	ULVED, MINIMUM AMOUNT DOE	. TO HEIROTALE. GOTO.)]	
PROFIT CORPORATION	FLORIDA DEPARI	: Mortham		
ANNUAL REPORT	AT-15	y of State		
		ORPORATIONS		
1996	<u> </u>		1	
DOCUMENT # P9500	0079849 (2)			
CAMIL SURGICAL & MEDICAL C	ENTER, INC.			
Principal Place of Business	Mailing Address		- I JARIJORY 210 IRVOJ DUIT BATH RANG RANG BANK BANK RA	131 12010 10101 10111 01010 1011 1001
3452 S.W. 8TH ST.	3452 S.W. 8TH ST.			
MIAMI FL 33135	MIAMI FL 33135		and College Teach	Date of Last Report
			3. Date Incorporated or Qualified 3a 10/18/1995	1. Date of East (report
	2a. Mading Address			Appliea For
2. Principal Place of Business	26. Maning Address.		65-0613310	Not Applicable
Suite, Apt #. etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		2 St. Via Oceaning Emposing	\$5.00 May Be
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip Country	28 Zip	Country	8. This corporation has liability for inten-	gible tax under s. 199 032.
25	29	30	Florida Statutes Ye 10. Name and Address of New Register	
9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Hegiste	
CARRALERO, ERNESTO M		i l	ress (P.O. Box Number is Not Acceptable)	
3452 S.W. 8TH ST.		82 Street Add	ress (F.O. Box (Adv. Ber 15 Not Nepsymme)	
MAMI FL 33135		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0		the short population	poration submits this statement for the purpo	
11. Pursuant to the provisions of Sections 607 0 office or registered agent, or both, in the Standard agent the ch	502 and 607,1508, Florida Statuate of Florida Such change was	authorized by the corporat	on's board of directors. I hereby accept the	appointment as registered
office or registered agent, or both, in the Sta agent Tam familiar with, and accept the ob	Egations of, Section 607 0505, F	lorida Statutes		
Signature Signature species problems and a register of	age cand the dapph raths (%)	On Reprined April signable to p	HIGG WENT DECEMBER	Alt
12. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	Change Add from
TITLE PSTD	DE LETE	1 1 TITLE 12 NAME		
NAME CARRALERO, ERNESTO I	VI	1.3 STREET ADDRESS		
STREET ADDRESS 3452 S.W. 8TH ST. CITY-ST-ZIP MIAMI FL 33135		1.4 CITY - ST - ZIP		Addition (
TITLE MIAMI PL 33135	DELETE	2 1 11ILE		Chacge Addition
NAME		2.2 NAME		
STREET ADDRESS		2 3 STREET ACORESS		
CITY-ST-ZIP	DELETE	2 4 CHY - ST 7/P 3 1 TITLE		Change Addition
TITLE	L) bettie	3 2 NAME		
NAME expert appoises		3.3 STREET ADORESS		
STREET ADDRESS CITY-ST-ZIP		34 CiTY-S1-7IP		Change Addition
TITLE	DELFTÉ	4 1 117:E		L Change L Accurach
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
1		4 4 CITY - S1 - Z1P		Addt ac

6 3 STRICT AUDRICS

6 4 CITY-ST-ZIP

14. If do hereby certify that the information supplied with thy filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this applied enter or or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if further certify that the information indicated on this applied enter or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and made under oath, that I am an officer or director of this corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address

SIGNATURE:

SIGNATURE AND WELL SENIOR NAME OF SIGNING OFFICER OR DIRECTOR

51 THEF

5.2 NAME

6 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

5 4 CITY - ST ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change Addition

Change Addition