

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000011381 (6)**

1. Corporation Name
BILTMORE CENTER MEDICAL CLINIC INC.

Principal Place of Business 11300 NW 87 COURT #184 HALEAH GARDEN FL 33016	Mailing Address 11300 NW 87 COURT #184 HALEAH GARDEN FL 33018-4521
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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

3. Date Incorporated or Qualified 02/06/1996	3a. Date of Last Report
4. FEI Number 65-0640295	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEON, ERVA
8871 FONTAINEBLEAU BLVD. #503
MIAMI FL 33172**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	LEON, ERVA	Vice - President / Director	
STREET ADDRESS	8871 FONTAINEBLEAU BLVD. #503	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33172	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.2 NAME
Secretary / Director	Roberto V. March	Secretary / Director	
STREET ADDRESS	2832 SW 117th Ave.	2.3 STREET ADDRESS	
CITY - ST - ZIP	Miami FL 33175	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
President / Director	Merari Piedra	President / Director	
STREET ADDRESS	2756 Floral Park Road	3.3 STREET ADDRESS	
CITY - ST - ZIP	Huntara FL 33462	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	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 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 change or on an attachment with an address.

SIGNATURE:  Erva Leon - Pres. 4/30/97 (305) 556-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)