

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 26 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000012270 (0)

1. Corporation Name

CENTRO MEDICO HIALEAH NO. 2 INC.

Principal Place of Business

3681 WEST 16TH AVENUE
HIALEAH FL 33012

Mailing Address

3681 WEST 16TH AVENUE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/08/1996			
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0649192		Not Applicable	
24 Country		30 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation owes or has paid the current year Intangible			
				Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GARATEIX, OROSMAN
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
FL 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	Secretary
STREET ADDRESS	8871 FONTAINEBLEAU BLVD. #503	1.2 NAME	
CITY-ST-ZIP	MIAMI FL 33172	1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	
STREET ADDRESS		2.1 TITLE	President
CITY-ST-ZIP		2.2 NAME	Robert R. March
TITLE	NAME	2.3 STREET ADDRESS	12217 SW 24th Terrace
STREET ADDRESS		2.4 CITY-ST-ZIP	Miami FL 33175
CITY-ST-ZIP		3.1 TITLE	
TITLE	NAME	3.2 NAME	000002309440-2
STREET ADDRESS		3.3 STREET ADDRESS	-10/01/97-01112-017
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***\$550.00 ***\$550.00
TITLE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
TITLE	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 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 changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED

9/10/97 (201) 827-0008

CR2E034 (4/97)