

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

FILED
May 21 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 # P96000026222 (5)

1. Corporation Name
D&C MEDICAL CENTER, INC.



Principal Place of Business

2742 S.W. 8TH ST.
SUITE 10
MIAMI FL 33135

Mailing Address

2742 S.W. 8TH ST.
SUITE 10
MIAMI FL 33135-4636

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

03/25/1996

3a. Date of Last Report

4. FEI Number

65-0654000

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CASTILLO, DORA
2742 S.W. 8TH ST.
SUITE 10
MIAMI FL 33135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
CASTILLO, DORA
2742 S.W. 8TH ST. SUITE 10
MIAMI FL 33135

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

5.1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

7.1 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

8.1 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

9.1 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

10.1 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

11.1 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

12.1 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

13.1 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

14.1 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

15.1 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

16.1 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

17.1 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

18.1 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

19.1 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

20.1 TITLE 202 NAME 203 STREET ADDRESS 204 CITY-ST-ZIP

21.1 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

22.1 TITLE 222 NAME 223 STREET ADDRESS 224 CITY-ST-ZIP

23.1 TITLE 232 NAME 233 STREET ADDRESS 234 CITY-ST-ZIP

24.1 TITLE 242 NAME 243 STREET ADDRESS 244 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, as applicable, or on an attachment with an address

CR2E034 (9/96)