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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028142 (3)

CCA MEDICAL, INC.

Principal Place of Business

Mailing Address

1490 WEST 49TH PLACE #590 HALFAH FL 33012

1490 WEST 49TH PLACE #590 HIALFAH FL 33012-3148

## FILED Apr 29 1997 8:00am Secretary of State



					3. Date Incorporated or Qualific 04/01/1996	d 3a. Date of La	st Report
2. Principal Place of Business 21 4701 SW 120 ST			2a. Mailing Address	- 0701 CUI 170 CT			Applied For
		140 51		VIAUSI	65-065472	ro 7	Not Applicable
Suite, Apt. #, etc 22			Suite, Apt. #, etc.		5. Certificate of Status Desired	Certificate of Status Desired     Sa.75 Addition     Fee Required	
City & State		-1	City & State		6. Election Campaign Financing	\$5.	00 May Be
23 Mig	MI	1-1.	28 Miami	FI	Trust Fund Contribution		ed to Fees
Zip		Country	Zip	Country	8. This corporation has liability		er s. 199.032,
24 331		DADE	29 33/76	30 Dade	Fiorida Statutes	Yes No	
OD! I		Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New	Hegistereo Agent	<del></del>
	Z, SUZETTE	N 40F 4500		81 Name	CRUZ Suzetz	'e	
	West 49th (			82 Street A	Address (P.O. Box Number is Not Accer	table)	
HIALI	EAH FL 33012			83 97	01 SW 120 57.		4
				63			
				84 City	Mami	E1 85	Zip Code 33/76
11 Purcuant t	n the provisions	of Sections 607.05	02 and 607 1508. Florida Statut	e the above named o	corporation submits this statement for the	e numose of changir	n its registered
office or re	ogistered agent.	or both, in the State	e of Florida, Such change was a	uthorized by the corp	poration's board of directors. I hereby ac	cept the appointmen	t as registered
1. agent. Lar	m familiar with, a	and accept the obli	gations of Section 607,0505, Fig.	onda Statutes.	- ) 4-20-9	フ	
SIGNATURE .	ريرنعر	1000	-		Y / '	<u> </u>	
	Star above, tened or or	rame of replaced a	gent and litte Librolicable (NOTI	Registered Agent signature	required when reinstating)	DATE	
12.	Stgrafore, typed or pr		gent and lifte Upplicable (NOTI ND DIRECTORS	Registered Agent signature	ADDITIONS/CHANGES TO OF		TORS IN 12
	Stgratore, typed or pr				,		
12.	PS CRUZ, SUZE	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	
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• For necesty certify that the information supplied with this large does not quality for the exemption 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 eath; 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 appears.

SIGNATURE

SUZ CETE COUS.

9-20-9/(303)